

Exhibit A

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

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In re	: Chapter 11
	:
DOWLING COLLEGE,	:
f/d/b/a DOWLING INSTITUTE,	: Case No. 16-75545 (REG)
f/d/b/a DOWLING COLLEGE ALUMNI	:
ASSOCIATION,	:
f/d/b/a CECOM,	:
a/k/a DOWLING COLLEGE, INC.,	:
	:
Debtor.	:
-----X	

DECLARATION PURSUANT TO E.D.N.Y. LBR 1009-1(a)

Robert S. Rosenfeld, Chief Restructuring Officer of Dowling College (the “Debtor”), makes this declaration under 28 U.S.C. § 1746, and states the following:

1. Debtor filed a petition under chapter 11 of the Bankruptcy Code on November 29, 2016.
2. Filed herewith as **Exhibit A** is an amendment to Schedule A/B and E/F previously filed herein.
3. Set forth below is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.

Schedule A/B has been amended as follows:

Number in Schedules	Name of Institution in Original Schedules	Last 4 digits of account number in Original Schedules	Name of Institution in Amended Schedules	Last 4 digits of account number in Amended Schedules
3.25	Lazard Asset Management 30 Rockefeller Plaza New York, NY 10112	6340	TD Wealth 1701 Marlton Pike E. Cherry Hill, NJ 08003	5014

Number in Schedules	Name of Institution in Original Schedules	Last 4 digits of account number in Original Schedules	Name of Institution in Amended Schedules	Last 4 digits of account number in Amended Schedules
3.26	Lazard Asset Management 30 Rockefeller Plaza New York, NY 10112	8252	TD Wealth 1701 Marlton Pike E. Cherry Hill, NJ 08003	5014
3.27	TD Wealth 1701 Marlton Pike E Cherry Hill, NJ 08003	3012	TD Wealth 1701 Marlton Pike E Cherry Hill, NJ 08003	6012

Schedule E/F has been amended as follows:

Number in Schedules	Nonpriority's Creditor's Name and Mailing Address in Original Schedules	Nonpriority's Creditor's Name and Mailing Address in Amended Schedules
3.39	Arnold Saunders 25 Harbor Watch Court Sag Harbor, NY 11963	Arnold Saunders 219 Lawrence Avenue Inwood, NY 11096
3.71	Carlos Alvarez 25 Harbor Watch Court Sag Harbor, NY 11963	Carlos Alvarez 6A Kings Court Valley Cottage, NY 10989
3.80	Casa Del Campo 25 Harbor Watch Court Sag Harbor, NY 11963	Casa Del Campo 1159 Deer Park Avenue North Babylon, NY 11703
3.121	David J. Jensen 25 Harbor Watch Court Sag Harbor, NY 11963	David J. Jensen 7 Game Court East Setauket, NY 11733
3.191	Gregory Quirolo 25 Harbor Watch Court Sag Harbor, NY 11963	Gregory Quirolo 358 Washington Avenue Pelham, NY 10803
3.197	Hector M. Martinez Jr. 25 Harbor Watch Court Sag Harbor, NY 11963	Hector M. Martinez Jr. 54 Claude Avenue Denville, NJ 07834

Number in Schedules	Nonpriority's Creditor's Name and Mailing Address in Original Schedules	Nonpriority's Creditor's Name and Mailing Address in Amended Schedules
3.250	Joe Silvent 25 Harbor Watch Court Sag Harbor, NY 11963	Joe Silvent PO Box 489 Effort, PA 18330
3.251	John G. Trotta 25 Harbor Watch Court Sag Harbor, NY 11963	John G. Trotta 13 Brand Street Hastings on Hudson, NY 10706
3.255	John Tuttle 25 Harbor Watch Court Sag Harbor, NY 11963	John Tuttle 11 Jervis Avenue Farmingdale, NY 11735
3.259	Jose F. Talavera 25 Harbor Watch Court Sag Harbor, NY 11963	Jose F. Talavera 110 Pine Street Deer Park, NY 11729
3.267	Joseph Manzione 25 Harbor Watch Court Sag Harbor, NY 11963	Joseph Manzione 31-14 23 Road #13 Astoria, NY 11105
3.346	Mary Cappasso 25 Harbor Watch Court Sag Harbor, NY 11963	Mary Cappasso 31 Noahs Path Rocky Point, NY 11778
3.446	Robert Gross 25 Harbor Watch Court Sag Harbor, NY 11963	Robert Gross 1 Woodstone Court South Huntington, NY 11746
3.451	Robert Moccia 25 Harbor Watch Court Sag Harbor, NY 11963	Robert Moccia 208-04 Robert Road Bayside, NY 11360
3.498	Steven Murray 25 Harbor Watch Court Sag Harbor, NY 11963	Steven Murray 34 Lakewood Road Lake Ronkonkoma, NY 11779
3.509	Susan Wendy Fox 25 Harbor Watch Court Sag Harbor, NY 11963	Susan Wendy Fox 32 Caleb Brewster Road East Setauket, NY 11733

4. An amended mailing matrix is annexed hereto as **Exhibit B**, reflecting only changes adding or deleting as have been referred to above.

Dated: February 22, 2017

/s/ Robert S. Rosenfeld
Robert S. Rosenfeld
Chief Restructuring Officer

Exhibit A

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **16-75545 (REG)**
☐ Check if this is an amended filing
Official Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	US Bank, NA 800 Nicollet Mall Minneapolis, MN 55402	Restricted Perkins	1467	\$254,006.51
3.2.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Operating Account	7019	\$0.00
3.3.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	A/P Disb. Account	6763	\$0.00
3.4.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	A/P Manual Disb.	6748	\$0.00
3.5.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Payroll	6771	\$0.00
3.6.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Merchant Account	6755	\$0.00

Debtor	Dowling College Name	Case number (If known)	16-75545 (REG)	
3.7.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Refund Account	6522	\$0.00
3.8.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Flexible Spending Account	4257	\$0.67
3.9.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	(Reserves)TD Sewage Treatment Replacement Par	3090	\$2.48
3.10	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	(Reserves)TD Sewage Treatment Maintenance Fund	3082	\$2.48
3.11	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	TD Activity Account (Checking)	3699	\$0.06
3.12	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Student Activity Center Money Market	2490	\$0.00
3.13	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Operating Account	2066	\$0.00
3.14	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	2002 Bond Series Disbursement Account	2070	\$0.00
3.15	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Creditor Funding/Depository Overhead	2067	\$0.00
3.16	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Creditor Funding/Depository Overhead	2068	\$0.00
3.17	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	2015 Bond Series Disbursement Account	2069	\$0.00
3.18	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	2006 Bond Series Disbursement Account	2072	\$0.00
3.19	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Cash - Astoria Federal, Cash only	9057	\$34,319.44

Debtor	Dowling College Name	Case number (If known)	16-75545 (REG)
3.20	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Cash - Astoria Federal, Cash Reserve	5595 \$2,749.79
3.21	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Cash - Astoria Federal, Payroll Escrow	8781 \$271.44
3.22	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Astoria Port Jeff.	2706 \$603.02
3.23	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Cash - Astoria Federal, Port Jeff MM	0780 \$356.00
3.24	TD Wealth 1701 Marlton Pike E Cherry Hill, NJ 08003	Restricted - Buescher Trust Money Market	3018 \$64,872.46
3.25	TD Wealth 1701 Marlton Pike E. Cherry Hill, NJ 08003	Restricted Money Market	5014 \$48,717.00
3.26	TD Wealth 1701 Marlton Pike E. Cherry Hill, NJ 08003	Restricted Investments	5014 \$1,408,196.10
3.27	TD Wealth 1701 Marlton Pike E Cherry Hill, NJ 08003	Restricted Vico Italian Chair Money Market	6012 \$109,890.05
3.28	California Republic Bank 18400 Von Karman, Suite 100 Irvine, CA 92612	Creditor Funding/Depository Overhead	5647 \$0.00
3.29	California Republic Bank 18400 Von Karman, Suite 100 Irvine, CA 92612	2015 Bond Series Disbursement Account	5662 \$5,100.00
3.30	California Republic Bank 18400 Von Karman, Suite 100 Irvine, CA 92612	2002 Bond Series Disbursement Account	5654 \$0.00
3.31	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Operating Account	0866 \$116,108.62

Debtor **Dowling College** Case number (If known) **16-75545 (REG)**

Name

3.32	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Creditor Funding/Depository Overhead	0867	\$32,702.19
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3.33	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Creditor Funding/Depository Overhead (Bond Series 2006 CP Acct.)	0868	\$30,711.53
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3.34	TD Bank, NA 1701 Route 70 East Cherry Hill, NJ 08034	Separate Holding Account created by TD following receipt of Restraining Notice		\$505,651.14
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3.35	TD Bank, NA 1701 Route 70 East Cherry Hill, NJ 08034-5400	Separate Holding Account created by TD following receipt of Restraining Notice		\$878.69
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4. **Other cash equivalents** (*Identify all*)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,615,139.67**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**Wilmington Trust
Account No. 1039500**

7.1.	BNY-SCIDA 2006A DSRF	Unknown
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**Capital One
Account No. 5524036182**

7.2.	TENANT SECURITY DEPOSITS	\$62,307.83
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8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$62,307.83**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

Debtor **Dowling College**

Name

Case number (If known) **16-75545 (REG)**

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2004 Dodge Grand Caravan VIN # 1D4GP23R74B593224 Plate # CTS 2244	Unknown	N/A	Unknown
47.2. 2002 Dodge Ram 2500 VIN # 3B7KC26Z72M268965 Plate # GLZ 6361	Unknown	N/A	Unknown
47.3. 2002 Dodge Ram B-3500 Wagon VIN # 2B5WB35ZX2K131735 Plate # CMC 9752	Unknown	N/A	Unknown
47.4. 2009 Chevy Silverado 2500 VIN # 1GCHK43KX9F111604 Plate # 243 86JY	Unknown	N/A	Unknown
47.5. 2002 Flat Boat Trailer VIN # NYA532674 Plate # AF31832	Unknown	N/A	Unknown
47.6. 1997 Crew Boat Trailer VIN # 100KKCJB3UG003544 Plate # AF64703	Unknown	N/A	Unknown
47.7. 2002 Dodge Ram Wagon VIN # 2B5WB35Z82K119132 Plate # CME 5503	Unknown	N/A	Unknown
47.8. 2003 Dodge Dakota Sport PU VIN # 1D7GG36X43S334160 Plate # CMC9791	Unknown	N/A	Unknown
47.9. 2002 Dodge Caravan SE VIN # 1B4GP25302B741858 Plate # DCK9	Unknown	N/A	Unknown

Debtor	Dowling College Name	Case number (If known) 16-75545 (REG)
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47.10	2008 Toyota Scion XB 4DSN VIN # JTLKE50E781010912 Plate # EAH 6452	Unknown	N/A	Unknown
<hr/>				
47.11	2002 Dodge Ram 1500Q VIN # 1D7HU18N13S280376 Plate # IDLEHR	Unknown	N/A	Unknown
<hr/>				
47.12	2007 Chevy Express G2 VIN # 1GAGG25V271248788 Plate # EBN 8813	Unknown	N/A	Unknown
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47.13	2002 Dodge Intrepid S VIN # 2B3HD46R32H176965 Plate # BWN4270	Unknown	N/A	Unknown
<hr/>				
47.14	2008 Dodge Ram 1500S VIN # 1D7HA16K18J181717 Plate # ELM 8805	Unknown	N/A	Unknown
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47.15	2003 Dodge Dakota VIN # 1B7FL26X21S203396 Plate # 991DWL	Unknown	N/A	Unknown
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48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1.	Skulls, Pacer, Boats	Unknown		Unknown
<hr/>				
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Other equipment and fixtures:			
	2006	85,159.00		
	2007	151,466.00		
	2008	624,311.04		
	2009	573,493.52		
	2010	1,374,767.36		
	2011 or Later	730,492.16	\$3,539,689.00	N/A
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51.	Total of Part 8. Add lines 47 through 50. Copy the total to line 87.	\$0.00
52.	Is a depreciation schedule available for any of the property listed in Part 8? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
53.	Has any of the property listed in Part 8 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No	

Debtor **Dowling College**
NameCase number (If known) **16-75545 (REG)**☐ Yes**Part 9: Real property****54. Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 115 Idle Hour Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	<u>Fee Ownership</u>	<u>\$32,403.78</u>	<u>Appraisal</u>	<u>\$350,000.00</u>
55.2. 89 Central Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	<u>Fee Ownership</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$313,000.00</u>
55.3. 88 Central Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	<u>Fee Ownership</u>	<u>\$17,412.55</u>	<u>Appraisal</u>	<u>\$300,000.00</u>
55.4. 87 Central Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	<u>Fee Ownership</u>	<u>\$160,187.00</u>	<u>Appraisal</u>	<u>\$310,000.00</u>
55.5. 99 Idle Hour Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisal)	<u>Fee Ownership</u>	<u>\$230,866.90</u>	<u>Appraisal</u>	<u>\$315,000.00</u>
55.6. 15 Idle Hour Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	<u>Fee Ownership</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$265,000.00</u>
55.7. 58 Woodlawn Avenue Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	<u>Fee Ownership</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$314,000.00</u>

Debtor	Dowling College	Case number (If known) 16-75545 (REG)			
	Name				
55.8.	27 Chateau Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$315,000.00
55.9.	39 Chateau Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$350,000.00
55.10	47 Chateau Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$154,805.77	Appraisal	\$350,000.00
55.11	80 Chateau Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$95,820.07	Appraisal	\$320,000.00
55.12	72 Chateau Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$66,313.53	Appraisal	\$283,000.00
55.13	102 Connetquot Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$630,000.00
55.14	90 Elsmere Avenue Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$312,000.00
55.15	138 Central Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$352,000.00
55.16	14 Elsmere Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$345,000.00
55.17	44 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$350,000.00

Debtor	Dowling College	Case number (If known) 16-75545 (REG)		
	Name			
55.18	48 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal
				\$309,000.00
55.19	52 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal
				\$290,000.00
55.20	56 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal
				\$308,000.00
55.21	64 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$121,521.00	Appraisal
				\$340,000.00
55.22	21 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$189,945.80	Appraisal
				\$350,000.00
55.23	64 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$10,368.05	Appraisal
				\$298,000.00
55.24	81 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$31,598.05	Appraisal
				\$286,500.00
55.25	94 Connetquot Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$172,775.10	Appraisal
				\$630,000.00
55.26	96 Biltmore Avenue Oakdale, NY 11769 (based on May 9, 2013 Appraisals)	Fee Ownership	\$97,845.28	Appraisal
				\$425,000.00
55.27	8 Montauk Highway Oakdale, NY 11769	Fee Ownership	Unknown	FMV Estimate
				Unknown
55.28	135 Idle Hour Blvd. Oakdale, NY 11769 (based on May 9, 2013 Appraisals)	Fee Ownership	\$0.00	Appraisal
				\$550,000.00

Debtor	Dowling College Name	Case number (If known) 16-75545 (REG)			
55.29	121 Central Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$157,855.13	Appraisal	\$333,000.00
55.30	274 Connetquot Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$235,000.00
55.31	275 Connetquot Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$340,000.00
55.32	123 Idle Hour Blvd. Oakdale, NY 11769 (based on May 9, 2013 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$325,000.00
55.33	Oakdale Campus 150 Idle Hour Blvd. Oakdale, NY 11769 (based on April 6, 2016 Appraisals)	Fee Ownership subject to leasehold estates	\$52,335,000.00	Fair Market	\$52,335,000.00
55.34	Brookhaven Campus 1300 William Floyd Parkway Shirley, NY 11967 (based on April 6, 2016 Appraisals)	Fee Ownership subject to leasehold estates	\$42,650,000.00	Fair Market	\$42,650,000.00
55.35	8 Idle Hour Blvd. Oakdale, NY 11769	Fee Ownership	\$59,430.63	Appraisal	\$59,430.63
55.36	278 Connetquot Drive Oakdale, NY 11769	Fee Ownership	\$194,111.34	Appraisal	\$194,111.34
55.37	Education North Building 123 Idle Hour Blvd. Oakdale, NY 11769	Fee Ownership	\$96,220.33	Appraisal	\$96,220.33
55.38	St. Johns University Campus 500 Montauk Highway Oakdale, NY 11967	Leasehold	Unknown	N/A	Unknown

Debtor **Dowling College**
NameCase number (If known) **16-75545 (REG)**56. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.**\$106,128,262.30**57. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☒ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Patent - Intermodal Transportation Simulation System	Unknown		Unknown
	Trademark - Gift of Knowledge	Unknown		Unknown
	Trademark - The Personal College	Unknown		Unknown
	Trademark - Explicit Ideology	Unknown		Unknown
	Trademark - The National Aviation and Transportation Center	Unknown		Unknown
	Trademark - The NAT Center	Unknown		Unknown
	Trademark - Transportation's "Solutions Integrator"	Unknown		Unknown
	Trademark - The College on the Banks of the Whole Wide World	Unknown		Unknown
	Pending trademark - The National Aviation and Technology Center	Unknown		Unknown
61.	Internet domain names and websites dowling.edu	\$0.00		Unknown

62. **Licenses, franchises, and royalties**63. **Customer lists, mailing lists, or other compilations**

Debtor Dowling College Case number (If known) 16-75545 (REG)
 Name

Alumni Directory	\$0.00	Unknown
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64. Other intangibles, or intellectual property 65,000 IP Addresses	\$0.00	Unknown
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65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☐ No

☒ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
Zurich American Insurance Company
Policy from: 10/1/16 - 10/1/17
Property

Unknown

Zurich American Insurance Company
Policy from: 10/1/16 - 10/1/17
Inland Marine

Unknown

Philadelphia Indemnity Insurance Company
Policy from: 10/1/16 - 10/1/17
General Liability

Unknown

Hartford Fire Insurance Company
Policy from: 10/1/16 - 10/1/17
Commerical Auto

Unknown

Debtor	Dowling College Name	Case number (If known)	16-75545 (REG)
	Hartford Casualty Insurance Co. Policy from: 10/1/16 - 10/1/17 Workers' Compensation		Unknown
	Columbia Casualty Policy from: 10/1/16 - 10/1/17 Umbrella		Unknown
	Chubb/Federal Insurance Company Policy from: 10/1/16 - 10/1/17 Directors and Officers Liability/Employment Practices Liability		Unknown
	Chubb/Executive Risk Specialty Ins. Co. Policy from: 10/1/16 - 10/1/17 Fiduciary Liability/Crime		Unknown
	Prudential Policy from: 9/1/15-11/30/16 Short Term Disability		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (Oakdale)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (Fortunoff Hall)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (Security Building)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (80 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (89 Central Blvd.)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (1300 William Floyd Parkway)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (96 Biltmore Ave.)		Unknown

Debtor	Dowling College Name	Case number (If known)	16-75545 (REG)
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (87 Central Blvd.)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (88 Central Blvd.)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (120 Central Blvd.)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (138 Central Blvd.)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (21 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (27 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (39 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (47 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (64 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (72 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (81 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (94 Connetquot Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (102 Connetquot Drive)		Unknown

Debtor **Dowling College**
Name

Case number (If known) **16-75545 (REG)**

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (275 Connetquot Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (14 Elsmere Ave.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (90 Elsmere Ave.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (15 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (99 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (115 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (123 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (135 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (150 Idle Hour Blvd. - Racanelli)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (150 Idle Hour Blvd. - KSC)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (8 Montauk Highway)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (44 Van Bomel Blvd.)

Unknown

Debtor <u>Dowling College</u> <small>Name</small>	Case number (If known) <u>16-75545 (REG)</u>
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (48 Van Bomel Blvd.)	Unknown
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (52 Van Bomel Blvd.)	Unknown
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (56 Van Bomel Blvd.)	Unknown
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (64 Van Bomel Blvd.)	Unknown
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (1300 William Floyd Parkway)	Unknown
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (58 Woodlawn Ave.)	Unknown
<hr/>	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76. Trusts, equitable or future interests in property Jerry Kramer - Trust Contributions Receivable \$300,000	Unknown
<hr/>	
Stanley Henry - Life Insurance Policy Contributions Receivable \$2,000,000	Unknown
<hr/>	
Jerry Curtin and Rosemarie Curtin - Life Insurance Policy Contributions Receivable \$1,000,000	Unknown
<hr/>	
Eileen Hennessey - Life Insurance Policy Contributions Receivable \$370,104	Unknown
<hr/>	
David Ochoa and Myrka Gonzalez - Life Insurance Policy Contributions Receivable \$1,250,000	Unknown
<hr/>	
Louis Mancusco - Annuity Contributions Receivable \$682,082	Unknown
<hr/>	

Debtor **Dowling College**
Name

Case number (If known) **16-75545 (REG)**

**Scott Rudolph Pledge
Contributions Receivable \$250,000**

Unknown

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Dowling College**
NameCase number (If known) **16-75545 (REG)****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$2,615,139.67</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$62,307.83</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$106,128,262.30</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,677,447.50</u>	+ 91b. <u>\$106,128,262.30</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$108,805,709.80</u>

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **16-75545 (REG)**
☒ Check if this is an amended filing
Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).
☐ No. Go to Part 2.

☒ Yes. Go to line 2.
2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Anne McCaffrey 80 Tremont Avenue Medford, NY 11763 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,903.50 \$4,903.50
2.2	Priority creditor's name and mailing address Antonetta Dente-Bostinto 42 Willett Avenue Sayville, NY 11782 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,103.00 \$5,103.00

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.3	Priority creditor's name and mailing address Charles McCabe 58 Woodlawn Ave. Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,300.50	\$2,850.00
	Date or dates debt was incurred	Basis for the claim: Rental Security Deposit		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Christine Felton 460 Lincoln Avenue Sayville, NY 11782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,182.80	\$5,182.80
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Claire O'Rourke 45 Locust Street Bayport, NY 11705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,493.60	\$5,493.60
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Desiree Nelson/Matthew Pasquale 56 Van Bomel Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,700.00	\$2,850.00
	Date or dates debt was incurred	Basis for the claim: Rental Security Deposit		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.7	Priority creditor's name and mailing address Doreen Muse 53 Oak Avenue Huntington Station, NY 11746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,886.70	\$4,886.70
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Dowling College Employee Benefit Plan 150 Idle Hour Boulevard Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Elizabeth (Ducie) O'Brien 457 Birch Hollow Drive E. Yaphank, NY 11967	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,819.50	\$4,819.50
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Francis Tidd 26 Magnolia Street Central Islip, NY 11722	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$833.63	\$833.63
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.11	Priority creditor's name and mailing address Gail Scherz 35 Terrell Street Patchogue, NY 11772	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,491.90	\$4,491.90
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Gary Bishop 106 Sunrise Avenue Sayville, NY 11782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$771.60	\$771.60
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Geoffrey and Anna Maria Stewart 87 Central Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,400.00	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address HealthPlex 333 Earle Ovington Blvd. 3rd Floor Uniondale, NY 11553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred through 6/1/2016		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.15	Priority creditor's name and mailing address Helen Bausenwein 235 Cedrus Avenue East Northport, NY 11731	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,050.50	\$5,050.50
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Helen Densing 214 Oak Street Patchogue, NY 11772	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,586.40	\$4,586.40
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Joan Van Brunt 24 Birchdale Drive Holbrook, NY 11741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,613.30	\$5,613.30
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address John Ingoglia & Tabitha Ueblacker 88 Central Blvd. Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,800.00	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.19	Priority creditor's name and mailing address John Urick 951 Old Town Road Coram, NY 11727	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$778.13	\$778.13
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Jonathan Nguyen 32 Madison Avenue Medford, NY 11763	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$866.25	\$866.25
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Jose Melendez 247 Laclede Avenue Uniondale, NY 11553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$816.38	\$816.38
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Juan Ramierz 1013 N Delaware Avenue Lindenhurst, NY 11757	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$915.00	\$915.00
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.23	Priority creditor's name and mailing address Justino Reyes 42 Floradora Drive Mastic, NY 11950	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$957.60	\$957.60
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Lauren Bufalo 44 Van Bomel Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,900.00	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Lori Zaikowski, as Proposed Class Rep. c/o Outten & Golden LLP 685 Third Avenue, 25th Floor Jack A. Raisner, Rene S. Roupinian New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Madeline Smith 217 Pleasant Drive West Bay Shore, NY 11706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,493.60	\$5,493.60
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	16-75545 (REG)
2.27	Priority creditor's name and mailing address Marilyn Rock 123 Vanderbilt Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,802.70 \$4,802.70
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address Mary Bridgwood 24 Emilie Drive Center Moriches, NY 11934	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,943.40 \$4,943.40
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address Mary Donoghue 51 Cannon Drive Holbrook, NY 11741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,237.40 \$5,237.40
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address Melody L. Cope 21 Chateau Drive Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,214.75 \$2,850.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Basis for the claim: Rental Security Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.31	Priority creditor's name and mailing address Michael Beck 44 Ocean Avenue Blue Point, NY 11715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,222.13	\$1,222.13
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Michael Cappell & Mandolynne Hopkins 47 Chateau Drive Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,300.00	\$2,850.00
	Date or dates debt was incurred	Basis for the claim: Rental Security Deposit		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Michael Klotz 60 River Road P.O. Box 550 Great River, NY 11739	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,155.50	\$5,155.50
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Nancy Carroll 3223 Wilshire Lane Apt. E23 Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,725.00	\$4,725.00
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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	Name				
2.35	Priority creditor's name and mailing address Nancy Jones 14 Mount Marcy Avenue Farmingville, NY 11738	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		\$5,075.70	\$5,075.70
	Date or dates debt was incurred	Basis for the claim: compensation			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.36	Priority creditor's name and mailing address Open Access Plus Medical Benefits c/o Cigna Health & Life Insurance Co. 900 Cottage Grove Road, B6LPA Hartford, CT 06152	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred through 6/3/2016	Basis for the claim:			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.37	Priority creditor's name and mailing address Patti Zerafa 11 Milan Street East Patchogue, NY 11772	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		\$5,050.50	\$5,050.50
	Date or dates debt was incurred	Basis for the claim: compensation			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.38	Priority creditor's name and mailing address Paula Marie & Robert Johnson 138 Central Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$4,600.00	\$2,850.00
	Date or dates debt was incurred	Basis for the claim: Rental Security Deposit			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.39	Priority creditor's name and mailing address Rebecca DeLorfano 41 Glenwood Place Farmingville, NY 11738	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,346.60	\$5,346.60
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Richard & Cherisse Forberg 102 Connetquot Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,166.54	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Rosemarie Fairchild 27 Chateau Drive Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,456.09	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Stephen Hanna & Mark Hanna 52 Van Bomel Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,500.00	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address Theresa & Caitlin Cody 39 Chateau Drive Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,900.00	\$2,850.00
Date or dates debt was incurred _____		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address William Stanley 19 Meadow Street Garden City, NY 11530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,071.75	\$1,071.75
Date or dates debt was incurred _____		Basis for the claim: compensation		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address 4 Imprint PO Box 1641 Milwaukee, WI 53201-1641 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$753.14	
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3.2	Nonpriority creditor's name and mailing address A E Auto Service Inc. 664 Montauk Highway Shirley, NY 11967 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.99	
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3.3	Nonpriority creditor's name and mailing address A R C Graphics 44 George Street E. Patchogue, NY 11472 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.75	
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3.4	Nonpriority creditor's name and mailing address A.C. Electrical Supplies 741 Smithtown By-Pass Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.91
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3.5	Nonpriority creditor's name and mailing address A.W. & Sons Exhaust Inc. 336 Atlantic Street Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
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3.6	Nonpriority creditor's name and mailing address AACTE 1307 New York Ave NW Suite 300 Washington, DC 20005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,100.00
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3.7	Nonpriority creditor's name and mailing address Abigail Rose Eckhardt 8575 W. 93rd Court Broomfield, CO 80021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
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3.8	Nonpriority creditor's name and mailing address ABS Pump Repair Inc. 89 Allen Blvd Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,707.67
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3.9	Nonpriority creditor's name and mailing address Absolute Plumbing of Long Island, Inc. 90F Knickerbocker Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,695.00
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3.10	Nonpriority creditor's name and mailing address Access Staffing, LLC PO Box 75334 Chicago, IL 60675-5334 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,034.61
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3.11	Nonpriority creditor's name and mailing address Acme American Repairs Inc. 177-10 93rd Avenue Jamaica, NY 11433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$683.80
3.12	Nonpriority creditor's name and mailing address Action Sewer & Drain Services PO Box 872 Bayport, NY 11705-0872 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$960.00
3.13	Nonpriority creditor's name and mailing address ADP, LLC PO Box 842875 Boston, MA 02284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.97
3.14	Nonpriority creditor's name and mailing address ALA Membership Customer Service Box 77-6499 Chicago, IL 60678-6499 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$715.00
3.15	Nonpriority creditor's name and mailing address Alan J. Schaefer 40 Moffitt Blvd. Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.16	Nonpriority creditor's name and mailing address Albert Inserra 45 Inlet View Path East Moriches, NY 11940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,259.19
3.17	Nonpriority creditor's name and mailing address Alexander Smirnov 46 Johnson Avenue Apt. #4D Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,410.20

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3.18	Nonpriority creditor's name and mailing address Alexandra Noel Ruiz 15 Country Road Medford, NY 11763-1501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
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3.19	Nonpriority creditor's name and mailing address Alfred Pue 1383 Chicago Avenue Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.76
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3.20	Nonpriority creditor's name and mailing address All-Ways Elevator Inc. 5 Davids Drive Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
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3.21	Nonpriority creditor's name and mailing address Amanda Gallagher 10 Hancock Road West Islip, NY 11795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$798.20
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3.22	Nonpriority creditor's name and mailing address American Bankers Insurance PO Box 731178 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
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3.23	Nonpriority creditor's name and mailing address American Express PO Box 2855 New York, NY 10116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171,500.66
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3.24	Nonpriority creditor's name and mailing address American Hazardous Materials 303 Middle Country Road Middle Island, NY 11953 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$778.68
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3.25	Nonpriority creditor's name and mailing address American Telephone Company PO Box 1465 Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,484.34
3.26	Nonpriority creditor's name and mailing address Andrew Karp 24 White Birch Trail East Quogue, NY 11942 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,652.35
3.27	Nonpriority creditor's name and mailing address Anna Stoloff 325 W 4th Street Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,510.42
3.28	Nonpriority creditor's name and mailing address Anne Burns Thomas 147 Lexington Drive Ithaca, NY 14850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.29	Nonpriority creditor's name and mailing address Anne Dimola 14 Christopher Court West Islip, NY 11795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,174.80
3.30	Nonpriority creditor's name and mailing address Anne M. Rullan 10 Buckingham Meadow Road East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.31	Nonpriority creditor's name and mailing address Anne McCaffrey 80 Tremont Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,198.48

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3.32	Nonpriority creditor's name and mailing address Anthony Candelario PO Box 11421 New Brunswick, NJ 08906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.33	Nonpriority creditor's name and mailing address Antonetta Dente-Bostinto 42 Willett Avenue Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,147.11
3.34	Nonpriority creditor's name and mailing address AO Services Inc. 8 New York Avenue Port Jefferson, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,955.33
3.35	Nonpriority creditor's name and mailing address Apex Consulting Group Inc. 320 17th Street W Babylon, NY 11704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.74
3.36	Nonpriority creditor's name and mailing address Apgar Sales Co. Inc. 54 Miry Brook Road Danbury, CT 06810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$385.00
3.37	Nonpriority creditor's name and mailing address Apple Financial Services 23801 Calabasas Road, Suite 101 Calabasas, CA 91302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,382.72
3.38	Nonpriority creditor's name and mailing address Arbitrage Group 3401 Louisiana Street, Suite 101 Houston, TX 77002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00

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3.39	Nonpriority creditor's name and mailing address Arnold Saunders 219 Lawrence Avenue Inwood, NY 11096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.40	Nonpriority creditor's name and mailing address Arrow Security c/o Sterling National Bank PO Box 75359 Chicago, IL 60675-5359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,949.90
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3.41	Nonpriority creditor's name and mailing address Associated Energy Services 86 Bridge Road Islandia, NY 11749 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,964.83
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3.42	Nonpriority creditor's name and mailing address Astro Moving & Storage Mr. Joseph Verderber Sr. 30 Jefferson Avenue Saint James, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,004.00
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3.43	Nonpriority creditor's name and mailing address AT&T PO Box 105068 Atlanta, GA 30348-5068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.58
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3.44	Nonpriority creditor's name and mailing address AT&T - Universal Biller PO Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.40
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3.45	Nonpriority creditor's name and mailing address Baker & Taylor Books - 5 PO Box 277930 Atlanta, GA 30384-7930 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.12
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3.46	Nonpriority creditor's name and mailing address Bank of New York Mellon 101 Barclay Street, 21 W. New York, NY 10286 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,200.00
3.47	Nonpriority creditor's name and mailing address Barbara Nolan 55 Jones Drive Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,111.50
3.48	Nonpriority creditor's name and mailing address Barnes & Noble Bookstore Accounts Receivable Dept PO Box 823660 Philadelphia, PA 19182-3660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,788.66
3.49	Nonpriority creditor's name and mailing address Barnwell House of Tires 65 Jetson Lane Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$470.00
3.50	Nonpriority creditor's name and mailing address Barry McNamara 28 Bowler Road East Rockaway, NY 11518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,782.00
3.51	Nonpriority creditor's name and mailing address Bernard Newcombe 52 Lindburgh Street Massapequa, NY 11762 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.52	Nonpriority creditor's name and mailing address Bill Fox Co. 310-8 Hallock Avenue Port Jefferson Sta, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$423.00

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3.53	Nonpriority creditor's name and mailing address Bio Corporation 3910 Minnesota Street Alexandria, MN 56308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$229.60
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3.54	Nonpriority creditor's name and mailing address Bio-Rad Labs Life Science Group PO Box 849750 Los Angeles, CA 90084-9750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.00
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3.55	Nonpriority creditor's name and mailing address Blackboard Inc. 650 Massachussetts Avenue NW 6th Floor Washington, DC 20001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,671.42
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3.56	Nonpriority creditor's name and mailing address Blackman Plumbing Supply PO Box 9400 Uniondale, NY 11555-9400 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,288.15
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3.57	Nonpriority creditor's name and mailing address Bonnie Forbes 9 Birchfield Court Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,276.80
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3.58	Nonpriority creditor's name and mailing address Bri-Tech, Inc 829 Lincoln Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,840.50
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3.59	Nonpriority creditor's name and mailing address Brian Coyle 31 Willow Avenue Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$376.83
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3.60	Nonpriority creditor's name and mailing address Brian Kogen 555 Forbush Street Boontan, NJ 07005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.68
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3.61	Nonpriority creditor's name and mailing address Brian Stipelman 2 Roosevelt Avenue Greenlawn, NY 11740 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,587.55
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3.62	Nonpriority creditor's name and mailing address Bridget Carroll 3 Doral Lane Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.54
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3.63	Nonpriority creditor's name and mailing address Brittany Jean Schulman 2911 Kane Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.84
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3.64	Nonpriority creditor's name and mailing address Broadcast Music Inc. PO Box 630893 Cincinnati, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$521.18
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3.65	Nonpriority creditor's name and mailing address Bruce Haller 61 Half Hollow Road Commack, NY 11725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,731.65
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3.66	Nonpriority creditor's name and mailing address Bruce Hoffman PO Box 557 Mount Sinai, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.00
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3.67	Nonpriority creditor's name and mailing address Cablevision PO Box 371378 Pittsburgh, PA 15250-7378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,421.66
3.68	Nonpriority creditor's name and mailing address Cablevision Lightpath, Inc. PO Box 360111 Pittsburgh, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,835.61
3.69	Nonpriority creditor's name and mailing address Capital One NA PO Box 60024 New Orleans, LA 70160-0024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,488.84
3.70	Nonpriority creditor's name and mailing address Carla Guevara 2712 Chestnut Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,737.63
3.71	Nonpriority creditor's name and mailing address Carlos Alvarez 6A Kings Court Valley Cottage, NY 10989 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
3.72	Nonpriority creditor's name and mailing address Carlos Cunha 54 Park Drive Rocky Point, NY 11778 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,509.55
3.73	Nonpriority creditor's name and mailing address Carol Fisch 20 Sunflower Drive Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,122.30

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3.74	Nonpriority creditor's name and mailing address Carol Okolica 455 FDR Drive Apt. B1607 New York, NY 10002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,158.65
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3.75	Nonpriority creditor's name and mailing address Carol Pulsonetti 158 Elkton Lane North Babylon, NY 11703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,964.70
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3.76	Nonpriority creditor's name and mailing address Carolina Biological Supply PO Box 60232 Charlotte, NC 28260-0232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.19
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3.77	Nonpriority creditor's name and mailing address Carolyn Spencer 18 Gianna Court Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,439.95
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3.78	Nonpriority creditor's name and mailing address Carousel Industries of NA, Inc. PO Box 842084 Boston, MA 02284-2084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,760.00
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3.79	Nonpriority creditor's name and mailing address Carrier Commercial Service P.O. Box 93844 Chicago, IL 60673-3844 Date(s) debt was incurred ____ Last 4 digits of account number <u>1217</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,296.50
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3.80	Nonpriority creditor's name and mailing address Casa Del Campo 1159 Deer Park Avenue North Babylon, NY 11703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.81	Nonpriority creditor's name and mailing address Cascade Water Service 113 Bloomingdale Road Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.82	Nonpriority creditor's name and mailing address CBUAO 5325 Lakefront Blvd #A Delray Beach, FL 33484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,648.00
3.83	Nonpriority creditor's name and mailing address Center for Education & E 370 Technology Drive PO Box 3008 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.95
3.84	Nonpriority creditor's name and mailing address Cesar Arturo Alvarado 94 Harbor Road Staten Island, NY 10303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.85	Nonpriority creditor's name and mailing address Charles McCabe 58 Woodlawn Avenue Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,865.55
3.86	Nonpriority creditor's name and mailing address Charles Thomas Collins 79 Summerfield Drive Holtsville, NY 11742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$305.14
3.87	Nonpriority creditor's name and mailing address Chris Sotiro 6 Mulligan Drive Flanders, NJ 07836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00

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3.88	Nonpriority creditor's name and mailing address Chrisann Anderson 156 Twin Lawns Avenue Brentwood, NY 11717 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,207.50
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3.89	Nonpriority creditor's name and mailing address Christian Lynch 82 Lincoln Avenue Apt. B3 Rockville Centre, NY 11570 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.90	Nonpriority creditor's name and mailing address Christian Perring 56 Rollstone Avenue West Sayville, NY 11796 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,249.45
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3.91	Nonpriority creditor's name and mailing address Christina Green 21 Bauer Avenue Manorville, NY 11949 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.67
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3.92	Nonpriority creditor's name and mailing address Christine Felton 460 Lincoln Avenue Sayville, NY 11782 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,604.59
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3.93	Nonpriority creditor's name and mailing address Christopher Boyko 86 Litchfield Avenue Babylon, NY 11702 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,151.75
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3.94	Nonpriority creditor's name and mailing address Christopher Di Santo 73-03 Bell Blvd. Apt. #6M Bayside, NY 11364 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.95	Nonpriority creditor's name and mailing address Christopher Kretz 114 Lincoln Avenue Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,732.75
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3.96	Nonpriority creditor's name and mailing address Christopher Schmidt 1 Forest Road Rockville Center, NY 11570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.79
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3.97	Nonpriority creditor's name and mailing address Chronicle of Higher Education PO Box 16359 North Hollywood, CA 91615-9155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.00
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3.98	Nonpriority creditor's name and mailing address Chucks Auto Repair 157 Nassau Avenue Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.28
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3.99	Nonpriority creditor's name and mailing address Cigna Health & Life Insurance Co. 900 Cottage Grove Road, B6LPA Hartford, CT 06152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>administrative fees, stop loss premiums, and medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277,854.54
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3.100	Nonpriority creditor's name and mailing address Ciscon Laundry Corp Ultimate Laundry 4520 Sunrise Hwy Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.80
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3.101	Nonpriority creditor's name and mailing address CIT Finance LLC 21146 Network Place Chicago, IL 60673-1211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,132.12
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3.102	Nonpriority creditor's name and mailing address Claire O'Rourke 45 Locust Street Bayport, NY 11705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,364.15
3.103	Nonpriority creditor's name and mailing address Classic Coach Transportation 1600 Locust Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,120.00
3.104	Nonpriority creditor's name and mailing address Claudia McGivney 32 Beacon Lane East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,378.50
3.105	Nonpriority creditor's name and mailing address Clelon A. McGee 8517 Riddle Place Raleigh, NC 27615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
3.106	Nonpriority creditor's name and mailing address CohnReznick LLP 4 Becker Farm Road Roseland, NJ 07068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141,697.30
3.107	Nonpriority creditor's name and mailing address College Board 11911 Freedom Drive Suite 300 Reston, VA 20190 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.108	Nonpriority creditor's name and mailing address Commission on Independent 17 Elk Street PO Box 7289 Albany, NY 12224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,627.00

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3.109	Nonpriority creditor's name and mailing address Compass Consulting Group 18 Field Daisy Lane East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,800.00
3.110	Nonpriority creditor's name and mailing address Corp. For National & Community Service 1895 Preston White Drive Suite 100 Reston, VA 20191-5434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.111	Nonpriority creditor's name and mailing address Council for Higher Education One Dupont Circle NW Suite 510 Washington, DC 20036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
3.112	Nonpriority creditor's name and mailing address Coz Delillo 14 Plover Lane Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.95
3.113	Nonpriority creditor's name and mailing address Craig Eason 3 Paula Lane New City, NY 10956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284.85
3.114	Nonpriority creditor's name and mailing address CulinArt, Inc. PO Box 4738 Houston, TX 77210-4738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.90
3.115	Nonpriority creditor's name and mailing address CUPA-HR PO Box 306257 Nashville, TN 37230-6257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,490.00

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3.116	Nonpriority creditor's name and mailing address Cynthia Grossman 68 Birchwood Road Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,760.00
3.117	Nonpriority creditor's name and mailing address Daily News Attn: Jim Lonek - Finance Dept 125 Theodore Conrad Drive Jersey City, NJ 07305-4698 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
3.118	Nonpriority creditor's name and mailing address Dallas Cardone 2312 Sound Avenue Baiting Hollow, NY 11933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,610.00
3.119	Nonpriority creditor's name and mailing address Daniel Ness PO Box 301 Williston Park, NY 11596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,283.02
3.120	Nonpriority creditor's name and mailing address David E. Pritchard 88 Washington Avenue Cambridge, MA 02140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.121	Nonpriority creditor's name and mailing address David J. Jensen 7 Game Court East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.00
3.122	Nonpriority creditor's name and mailing address David Racanelli 73 Pacific Dunes Ct. Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,359.80

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3.123	Nonpriority creditor's name and mailing address Dawn Manganello 19 David Street Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.90
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3.124	Nonpriority creditor's name and mailing address Dayspring Pen Shop 111 Derrick Drive Irmo, SC 29063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,055.49
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3.125	Nonpriority creditor's name and mailing address Deborah Wynne (Deceased) 115 Michael Road Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,461.20
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3.126	Nonpriority creditor's name and mailing address Debra Dunn 12 Waltes Road Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,362.05
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3.127	Nonpriority creditor's name and mailing address Debra Gustafson 32 Terrace Lane Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.36
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3.128	Nonpriority creditor's name and mailing address Debra L. Piechnik 202 Palmer Circle Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,865.40
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3.129	Nonpriority creditor's name and mailing address Denise Igenito 145 S. 6th Street Bethpage, NY 11714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,555.00
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3.130	Nonpriority creditor's name and mailing address Denise Zamiello-Schiozzi 117 Gillette Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,664.81
3.131	Nonpriority creditor's name and mailing address Department of Veteran Affairs Agent Cashier-Buffalo Regional Processin 130 S Elmwood Avenue Buffalo, NY 14202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,733.22
3.132	Nonpriority creditor's name and mailing address Derek Charles Muzio 19 Peace Court Selden, NY 11784 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.133	Nonpriority creditor's name and mailing address Diane Fischer 3 Hollow Road Stony Brook, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,016.65
3.134	Nonpriority creditor's name and mailing address Diane Holliday 31 Clarkson Road Centereach, NY 11720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,816.10
3.135	Nonpriority creditor's name and mailing address Diane Impagliazzo 23 Meadow Farm Road East Islip, NY 11730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,464.29
3.136	Nonpriority creditor's name and mailing address Donald Beahm 20 Trenridge Road Lincoln, NE 68505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,228.32

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3.137	Nonpriority creditor's name and mailing address Donald Steven Dougherty 74 West Lane Bayshore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.138	Nonpriority creditor's name and mailing address Doreen Muse 53 Oak Avenue Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,716.59
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3.139	Nonpriority creditor's name and mailing address Dori Byan 209K Springmeadow Drive Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,825.08
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3.140	Nonpriority creditor's name and mailing address Dugmore and Duncan Inc 30 Pond Park Road Hingham, MA 02043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.64
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3.141	Nonpriority creditor's name and mailing address Durham, Richard 3 Overlook Drive Waterford, CT 06385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.142	Nonpriority creditor's name and mailing address East Coast Conference Attn: Bob Dranoff, Commissioner 300 Carlton Ave NYIT Bldg 66 Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,031.40
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3.143	Nonpriority creditor's name and mailing address East Islip Lumber 33 Wall Street East Islip, NY 11730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,110.19
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3.144	Nonpriority creditor's name and mailing address EBSCO Subscription Services Payment Processing Center PO Box 204661 Dallas, TX 75320-4661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.61
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3.145	Nonpriority creditor's name and mailing address EDVOTEK, Inc. 1121 5th St NW Washington, DC 20001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,243.00
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3.146	Nonpriority creditor's name and mailing address Edward Gullason 7 Wayside Lane Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,176.04
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3.147	Nonpriority creditor's name and mailing address Edward H. Wallace 55 Springdale Avenue Massapequa, NY 11758-6748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$329.87
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3.148	Nonpriority creditor's name and mailing address Edward Urso 52 Greenwich Hills Drive Greenwich, CT 06831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.50
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3.149	Nonpriority creditor's name and mailing address Elana Zolfo 93 Hidden Pond Circle Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,086.70
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3.150	Nonpriority creditor's name and mailing address Elbar Duplicator Corporation 105-26 Jamaica Avenue Richmond Hill, NY 11418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00
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3.151	Nonpriority creditor's name and mailing address Elizabeth (Ducie) O'Brien 457 Birch Hollow Drive E. Yaphank, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,198.55
3.152	Nonpriority creditor's name and mailing address Elsa-Sofia Morote 64 Lexington Road Shirley, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,811.35
3.153	Nonpriority creditor's name and mailing address Elsevier Science, B.V. PO Box 945 New York, NY 10015-9094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,367.38
3.154	Nonpriority creditor's name and mailing address Emily Anne Jarvis 44 Sabre Drive Selden, NY 11784 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.59
3.155	Nonpriority creditor's name and mailing address Engin Suvak 1172 Warwick Street Uniondale, NY 11553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$580.56
3.156	Nonpriority creditor's name and mailing address Environmental Energy 120 C E Jefryn Blvd Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.157	Nonpriority creditor's name and mailing address Eric Pavels 1150 Rosedale Road Valley Stream, NY 11581 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00

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3.158	Nonpriority creditor's name and mailing address Erin Gregory 23 Ocean Avenue Mastic, NY 11950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
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3.159	Nonpriority creditor's name and mailing address ESU Student Activity Association 200 Prospect St. University Center East Stroudsburg, PA 18301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
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3.160	Nonpriority creditor's name and mailing address Eugene R. Bayliss Jr. 16D Seabreeze Avenue Milford, CT 06460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$289.20
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3.161	Nonpriority creditor's name and mailing address Everbank Commercial Finance P.O.Box 911608 Denver, CO 80291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,337.43
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3.162	Nonpriority creditor's name and mailing address Evoqua Water Technologies 28563 Network Place Chicago, IL 60673-1285 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,655.60
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3.163	Nonpriority creditor's name and mailing address Expense Reduction Analyst PO Box 956251 St Louis, MO 63195-6251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,090.57
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3.164	Nonpriority creditor's name and mailing address First Reliance Standard PO Box 3123 Southeastern, PA 19398 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$718.36
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3.165	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,453.50
	First Student Inc. 1065 Belvoir Road Plymouth Meeting, PA 19462	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.166	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$12,240.00
	Fitzgerald's Driving School 1350 Deer Park Avenue North Babylon, NY 11703	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.167	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,503.73
	Ford Motor Credit PO Box 220564 Pittsburgh, PA 15257	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.168	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,620.50
	Fox Glass Company East 45 Bloomingdale Road Hicksville, NY 11801	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.169	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,713.90
	Francis Samuel 39 N Carll Avenue Babylon, NY 11702	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.170	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,138.69
	Francis Tidd 26 Magnolia Street Central Islip, NY 11722	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.171	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,503.00
	Francis Winslow P.O. Box 14235 Hauppauge, NY 11788	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.172	Nonpriority creditor's name and mailing address Franklin Leavandosky 115 Ketcham Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.97
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3.173	Nonpriority creditor's name and mailing address Fred Rispoli 132 Connetquot Road Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,972.00
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3.174	Nonpriority creditor's name and mailing address Freedom Scientific BLV Group - Charlie Madsen 11800 31st Ct N Saint Petersburg, FL 33716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$766.50
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3.175	Nonpriority creditor's name and mailing address G & G Fences of LI PO Box 389 Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.176	Nonpriority creditor's name and mailing address Gail Scherz 35 Terrell Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,264.74
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3.177	Nonpriority creditor's name and mailing address Gary Bishop 106 Sunrise Avenue Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,088.12
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3.178	Nonpriority creditor's name and mailing address Gary Moran 473 Edgewood Place Rutherford, NJ 07070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.179	Nonpriority creditor's name and mailing address Gavin Chamberlain 8 Grand Haven Drive Commack, NY 11725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.45
3.180	Nonpriority creditor's name and mailing address GBC Acco Brands PO Box 203412 Dallas, TX 75320-3412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.52
3.181	Nonpriority creditor's name and mailing address George Cavuto 34 Hemlock Lane Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,194.95
3.182	Nonpriority creditor's name and mailing address George Foundotos 4 Damin Circle Saint James, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,355.08
3.183	Nonpriority creditor's name and mailing address George P. Evanego 63 Mayberry Avenue Monroe, NJ 08831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.184	Nonpriority creditor's name and mailing address George Samito 23 Westbridge Drive Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.72
3.185	Nonpriority creditor's name and mailing address Gerald M. O'Shea Inc. 4155 Veterans Highway, Suite 9 Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.186	Nonpriority creditor's name and mailing address Geraldine Vincent 25 Dale Drive Oakdale, NY 11769 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,963.72
3.187	Nonpriority creditor's name and mailing address Glen Brauchle 91 Deer Park Avenue Apt 2 Babylon, NY 11702 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,545.70
3.188	Nonpriority creditor's name and mailing address Glenn W. Barham 9001 Blackley Lake Road Wake Forest, NC 27587 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
3.189	Nonpriority creditor's name and mailing address Gopher NW5634 PO Box 1450 Minneapolis, MN 55485-5634 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$263.13
3.190	Nonpriority creditor's name and mailing address GreatAmerica Financial Services PO Box 660831 Dallas, TX 75266-0831 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,459.44
3.191	Nonpriority creditor's name and mailing address Gregory Quirolo 358 Washington Avenue Pelham, NY 10803 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
3.192	Nonpriority creditor's name and mailing address Guanann Li 135 Westwood Drive Apt. 151 Westbury, NY 11590 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,308.15

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3.193	Nonpriority creditor's name and mailing address Hal Mishkin 56 Broadview Circle Wading River, NY 11793 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.54
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3.194	Nonpriority creditor's name and mailing address Handras, Kerri 20 Charter Avenue Dix Hills, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.83
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3.195	Nonpriority creditor's name and mailing address Harland Technology Services PO Box 45550 Omaha, NE 68145-0550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,394.00
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3.196	Nonpriority creditor's name and mailing address HealthPlex 333 Earle Ovington Blvd. 3rd Floor Uniondale, NY 11553 Date(s) debt was incurred <u>through 6/1/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.197	Nonpriority creditor's name and mailing address Hector M. Martinez Jr. 54 Claude Avenue Denville, NJ 07834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.198	Nonpriority creditor's name and mailing address Heidi Kelly - Strawgate 166 South Street Manorville, NY 11949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.76
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3.199	Nonpriority creditor's name and mailing address Helen Bausenwein 235 Cedrus Avenue East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,255.40
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.200	Nonpriority creditor's name and mailing address Helen Bohlen 21 Loft Road Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.77
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3.201	Nonpriority creditor's name and mailing address Helen Densing 214 Oak Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,421.63
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3.202	Nonpriority creditor's name and mailing address Herbert Bernstein 5 Brewster Lane Bellport, NY 11713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,685.40
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3.203	Nonpriority creditor's name and mailing address Herff Jones PO Box 882 Commack, NY 11725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
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3.204	Nonpriority creditor's name and mailing address Higher One 115 Munson Street New Haven, CT 06511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,162.35
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3.205	Nonpriority creditor's name and mailing address Hobsons, Inc. PO Box 505208 St Louis, MO 63150-5208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,304.86
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3.206	Nonpriority creditor's name and mailing address Home Depot Credit Service PO Box 9055 Des Moines, IA 50368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$629.94
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Debtor	Dowling College		Case number (if known)	16-75545 (REG)
	Name			
3.207	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,695.77
	Hoselton Chevrolet	<input type="checkbox"/> Contingent		
	909 Fairport Road	<input type="checkbox"/> Unliquidated		
	East Rochester, NY 14445	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.208	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$727.20
	Hy-Cert Services, Inc.	<input type="checkbox"/> Contingent		
	PO Box 534	<input type="checkbox"/> Unliquidated		
	Miller Place, NY 11764-7006	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.209	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,950.76
	IACBE	<input type="checkbox"/> Contingent		
	11374 Strang Line Road	<input type="checkbox"/> Unliquidated		
	Lenexa, KS 66215	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.210	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	IAM National Pension Fund	<input checked="" type="checkbox"/> Contingent		
	1300 Connecticut Ave., NW	<input checked="" type="checkbox"/> Unliquidated		
	Suite 300	<input checked="" type="checkbox"/> Disputed		
	Washington, DC 20036	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.211	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$106,785.34
	Ingerman Smith, L.L.P.	<input type="checkbox"/> Contingent		
	150 Motor Pkwy	<input type="checkbox"/> Unliquidated		
	Suite 400	<input type="checkbox"/> Disputed		
	Hauppauge, NY 11788	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.212	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$47,808.00
	Innovative Interfaces Inc	<input type="checkbox"/> Contingent		
	PO Box 74008010	<input type="checkbox"/> Unliquidated		
	540 W Madison, 4th Floor	<input type="checkbox"/> Disputed		
	Chicago, IL 60674-8010	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.213	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$980.00
	Intelli-Tec Security Services	<input type="checkbox"/> Contingent		
	150 Eileen Way	<input type="checkbox"/> Unliquidated		
	Unit #2	<input type="checkbox"/> Disputed		
	Syosset, NY 11791	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			

Debtor	Name	Case number (if known)	16-75545 (REG)
3.214	Nonpriority creditor's name and mailing address International Union of Operation Enginee 16-16 Whitestone Expressway 5th Floor Whitestone, NY 11357 Date(s) debt was incurred ____ Last 4 digits of account number <u>d001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.215	Nonpriority creditor's name and mailing address Investintech.com Inc. 425 University Avenue Suite 301 Toronto, ON M5G1T6 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.216	Nonpriority creditor's name and mailing address IRG Towing 92 Carlton Avenue Islip Terrace, NY 11752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.217	Nonpriority creditor's name and mailing address Iron Mountain PO Box 27129 New York, NY 10087-7129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,396.59
3.218	Nonpriority creditor's name and mailing address Isaac Rosler 58 Sound Breeze Trail Wading River, NY 11792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,658.64
3.219	Nonpriority creditor's name and mailing address Island Sports Video, Inc 241 Christian Avenue Stony Brook, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
3.220	Nonpriority creditor's name and mailing address It's Moore Entertainment P.O Box 3273 Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,598.00

Debtor	Name	Case number (if known)	16-75545 (REG)
3.221	Nonpriority creditor's name and mailing address IUOE Local 30 New York Headquarters 16-16 Whitestone Expressway Attn: William Lynn Whitestone, NY 11357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.222	Nonpriority creditor's name and mailing address Jack Schiavone 766 Brady Avenue Apt. #437 Bronx, NY 10462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.58
3.223	Nonpriority creditor's name and mailing address Jackie Hannan 5 Alfan Avenue Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,096.00
3.224	Nonpriority creditor's name and mailing address Jackson Lewis, LLP PO Box 416019 Boston, MA 02241-6019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$372.25
3.225	Nonpriority creditor's name and mailing address Jaclyn Carlo 49 Grandview Lane Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,539.51
3.226	Nonpriority creditor's name and mailing address Jacqueline Leonard 2836 Leslie Court Laramie, WY 82072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.227	Nonpriority creditor's name and mailing address Jacqueline Rogers 47 Simon Street Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,225.25

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.228	Nonpriority creditor's name and mailing address James Murphy 7 Center Drive Syosset, NY 11791 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,589.35
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3.229	Nonpriority creditor's name and mailing address Jamie Gunter 542 Terrace Road Bayport, NY 11705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$940.31
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3.230	Nonpriority creditor's name and mailing address Janine Barrese 124 Raynor Street West Babylon, NY 11704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,055.37
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3.231	Nonpriority creditor's name and mailing address Jarvis Watson 10 Fairview Drive Shirley, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.232	Nonpriority creditor's name and mailing address Jason A. Long 55 Clymer Street Port Jefferson Station, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.233	Nonpriority creditor's name and mailing address Jason Truffant 15 Idle Hour Blvd. Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,349.00
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3.234	Nonpriority creditor's name and mailing address Jeffrey John DiMarco 426 Wading River Road Manorville, NY 11949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00
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3.235	Nonpriority creditor's name and mailing address Jeffrey Stover 930 Maple Street Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,613.08
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3.236	Nonpriority creditor's name and mailing address Jennifer Formica 56 Stagg Street Apt. 19 Brooklyn, NY 11206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$839.90
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3.237	Nonpriority creditor's name and mailing address Jeppesen-Sanderson PO Box 840864 Dallas, TX 75284-0864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$767.00
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3.238	Nonpriority creditor's name and mailing address Jeremy Steven Johnson 278 N 8th Street Lindenhurst, NY 11757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.239	Nonpriority creditor's name and mailing address Jericho UFSD 99 Cedar Swamp Rd Jericho, NY 11753-1202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.240	Nonpriority creditor's name and mailing address Jesse Schaefer 223 W. Fulton Street Long Beach, NY 11561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.09
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3.241	Nonpriority creditor's name and mailing address Jessica Roque 10 Warren Grove Road Warren Grove, NJ 08005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$997.99
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Debtor	Case number (if known)	
Dowling College Name	16-75545 (REG)	
3.242 Nonpriority creditor's name and mailing address Jet Environmental Testin 114 Wedgewood Drive Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
3.243 Nonpriority creditor's name and mailing address Jim Vignona 2 Point O Woods Avenue Point O Woods, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.55
3.244 Nonpriority creditor's name and mailing address Jo Ann Lewald 25 Midway Street Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,528.68
3.245 Nonpriority creditor's name and mailing address Joan Asher 55 Avenue D Farmingville, NY 11738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$262.06
3.246 Nonpriority creditor's name and mailing address Joan Van Brunt 24 Birchdale Drive Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,516.21
3.247 Nonpriority creditor's name and mailing address Joann Barry 29 Elchesten Drive E Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,182.62
3.248 Nonpriority creditor's name and mailing address Joanne DeSantis 86 Woody Lane Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,048.00

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3.249	Nonpriority creditor's name and mailing address Joe Fanning 3 Hazel Avenue Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.59
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3.250	Nonpriority creditor's name and mailing address Joe Silvent PO Box 489 Effort, PA 18330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.251	Nonpriority creditor's name and mailing address John G. Trotta 13 Brand Street Hastings on Hudson, NY 10706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274.50
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3.252	Nonpriority creditor's name and mailing address John Hanley 29 Dover Hill Drive Nesconset, NY 11767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.59
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3.253	Nonpriority creditor's name and mailing address John J. Monaco 27 Brookvale Lane Lake Grove, NY 11755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.22
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3.254	Nonpriority creditor's name and mailing address John Mateyko 84 Barnes Street Long Beach, NY 11561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.15
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3.255	Nonpriority creditor's name and mailing address John Tuttle 11 Jervis Avenue Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.29
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.256	Nonpriority creditor's name and mailing address John Urick 951 Old Town Road Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,374.69
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3.257	Nonpriority creditor's name and mailing address John Vargas 36 Irving Avenue Floral Park, NY 11001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,974.10
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3.258	Nonpriority creditor's name and mailing address Jonathan Nguyen 32 Madison Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,252.26
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3.259	Nonpriority creditor's name and mailing address Jose F. Talavera 110 Pine Street Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.260	Nonpriority creditor's name and mailing address Jose Melendez 247 Laclede Avenue Uniondale, NY 11553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,768.81
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3.261	Nonpriority creditor's name and mailing address Joseph A. Formisano 46 Merillon Avenue Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.16
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3.262	Nonpriority creditor's name and mailing address Joseph Behar 9 Brown's River Road Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,518.36
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3.263	Nonpriority creditor's name and mailing address Joseph Bertuglia PO Box 349 Great River, NY 11739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.76
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3.264	Nonpriority creditor's name and mailing address Joseph D. Donofrio 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,576.36
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3.265	Nonpriority creditor's name and mailing address Joseph Economico 215 Weskura Road Yorktown Heights, NY 10598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.25
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3.266	Nonpriority creditor's name and mailing address Joseph Kasten 80 Teddy Court Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,559.20
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3.267	Nonpriority creditor's name and mailing address Joseph Manzione 31-14 23 Road #13 Astoria, NY 11105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.268	Nonpriority creditor's name and mailing address Joseph Worrell 16 Johns Road East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.00
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3.269	Nonpriority creditor's name and mailing address Joshua Gidding 325 Lenox Road Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,007.35
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.270	Nonpriority creditor's name and mailing address Joshua Soto 68 Oakland Avenue Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.271	Nonpriority creditor's name and mailing address Journal News Media Group P.O Box 822883 Philadelphia, PA 19182-2883 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,160.00
3.272	Nonpriority creditor's name and mailing address JTA Leasing Co. LLC Attn: Mark Kitaeff 34 Wren Drive East Hill, NY 11576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,615.00
3.273	Nonpriority creditor's name and mailing address Juan Ramierz 1013 N Delaware Avenue Lindenhurst, NY 11757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,683.60
3.274	Nonpriority creditor's name and mailing address June Ann Smith 4 Ovington Circle Westbury, NY 11590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.275	Nonpriority creditor's name and mailing address Justin Robert Carlson 8 Mercer Street Port Jefferson Station, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,712.50
3.276	Nonpriority creditor's name and mailing address Justino Reyes 42 Floradora Drive Mastic, NY 11950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$909.72

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3.277	Nonpriority creditor's name and mailing address Katherine Ventimiglia 2 Emily Way East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.20
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3.278	Nonpriority creditor's name and mailing address Kathleen Ruggeri 45 Ketewamoke Avenue Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.78
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3.279	Nonpriority creditor's name and mailing address Kaylee M. Graswald 27 Beverly Street Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$763.00
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3.280	Nonpriority creditor's name and mailing address Keith McCaffrey 6 Flora Drive Mount Sinai, NY 11766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
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3.281	Nonpriority creditor's name and mailing address Kendell Thorton PO Box 804 Winterville, NC 28590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,994.80
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3.282	Nonpriority creditor's name and mailing address Kerri (Handras) McCabe 20 Charter Avenue Dix Hills, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,819.75
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3.283	Nonpriority creditor's name and mailing address Kevin DeSlauriers 6 Jessie Road Eastport, NY 11941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
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3.284	Nonpriority creditor's name and mailing address Kevin DesLauriers 6 Jessie Road Eastport, NY 11941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,102.87
3.285	Nonpriority creditor's name and mailing address Kevin Harrington 31 Middle Island Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
3.286	Nonpriority creditor's name and mailing address Kimberly Poppiti 83 Buffalo Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,902.80
3.287	Nonpriority creditor's name and mailing address Kiomelis Rodriguez 52 Tamarack Street Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.288	Nonpriority creditor's name and mailing address Konica Minolta Premier Finance PO Box 642333 Pittsburgh, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,151.93
3.289	Nonpriority creditor's name and mailing address KPMG LLP Dept 0511 PO Box 120511 Dallas, TX 75312-0511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,025.00
3.290	Nonpriority creditor's name and mailing address Kristine Boniello 516 Locust Avenue Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$983.80

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3.291	Nonpriority creditor's name and mailing address L&J Cesspool Service 2 Merrick Blvd East Moriches, NY 11940 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,835.00
3.292	Nonpriority creditor's name and mailing address L.I. Automatic Doors 26 W Old Country Road Hicksville, NY 11801 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.293	Nonpriority creditor's name and mailing address L.I. Hardware 4155 Veterans Hwy Suite 9 Ronkonkoma, NY 11779 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,109.89
3.294	Nonpriority creditor's name and mailing address LaCorte Farm & Lawn Equipment 522 Edwards Avenue Calverton, NY 11933 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.93
3.295	Nonpriority creditor's name and mailing address Landscapes by Sean Fleck PO Box 1363 Stony Brook, NY 11790 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,690.00
3.296	Nonpriority creditor's name and mailing address LandTek Group Inc 235 County Line Road Amityville, NY 11701 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,550.00
3.297	Nonpriority creditor's name and mailing address Laser Performance Product 44 W Jeffryn Blvd Suite N Deer Park, NY 11729 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00

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3.298	Nonpriority creditor's name and mailing address Laura Pope Robbins 383 Birch Hollow Drive Shirley, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,717.10
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3.299	Nonpriority creditor's name and mailing address Laurel Publications Gloria Schetty 595 Rte 25A - Suite 18 Miller Place, NY 11764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.300	Nonpriority creditor's name and mailing address Lazard Freres & Co., LLC PO Box 5394 New York, NY 10124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,765.95
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3.301	Nonpriority creditor's name and mailing address Leaf P.O. Box 742647 Cincinnati, OH 45274-2647 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,188.98
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3.302	Nonpriority creditor's name and mailing address Leann Doyle 48 Grove Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,526.45
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3.303	Nonpriority creditor's name and mailing address Legacy Plus, Inc. 234 Maple Avenue Patchogue, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.304	Nonpriority creditor's name and mailing address LeMoyne College Golf Office of Athletics 1419 Salt Springs Road Syracuse, NY 13214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.00
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3.305	Nonpriority creditor's name and mailing address Leo A. Giglio 9 Hilltop Drive Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,819.95
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3.306	Nonpriority creditor's name and mailing address Lester Corrain 60 Morris Street Brentwood, NY 11717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,521.21
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3.307	Nonpriority creditor's name and mailing address LI Library Resource Counsel (LILRC) Melville Library Building Suite E310 Stony Brook, NY 11794 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,325.00
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3.308	Nonpriority creditor's name and mailing address Linda Ardito 5 Two Rod Road Huntington, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,775.52
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3.309	Nonpriority creditor's name and mailing address Linda Bausch 289 Donald Blvd Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,551.55
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3.310	Nonpriority creditor's name and mailing address Linda Catelli 14 Dorset Road Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,994.32
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3.311	Nonpriority creditor's name and mailing address Linda Graceffo 160 Plainview Road Woodbury, NY 11797 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.80
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.312	Nonpriority creditor's name and mailing address Lisa Braxton 55 Panamoka Trail Ridge, NY 11961 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,787.15
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3.313	Nonpriority creditor's name and mailing address Local 153 Pension Fund 265 14th Street New York, NY 10011 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.314	Nonpriority creditor's name and mailing address Local 434 652 4th Avenue Dominic Taibbi Brooklyn, NY 11232 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.315	Nonpriority creditor's name and mailing address Lois Kahl 349 Singingwood Drive Holbrook, NY 11741 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.316	Nonpriority creditor's name and mailing address Long Island and University Ms Mercedes Ravelo, DirPublicSafety 250 Joralemon St., Brooklyn Law School Brooklyn, NY 11201 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.317	Nonpriority creditor's name and mailing address Long Island Business News SDS-12-2632 P.O BOX 86 Minneapolis, MN 55486-2632 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$478.00
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3.318	Nonpriority creditor's name and mailing address Long Island Geese Control 308 W Main Street, LL Suite 2 Smithtown, NY 11787 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,750.00
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.319	Nonpriority creditor's name and mailing address Long Island Gym Equipment Co. 1400 N Pentaquit Avenue Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,865.00
3.320	Nonpriority creditor's name and mailing address Lori Zaikowski 130 Jackie Court Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,429.40
3.321	Nonpriority creditor's name and mailing address Lowe's Business Accounts PO Box 530954 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$448.79
3.322	Nonpriority creditor's name and mailing address Lucianna Basilice 23c Commadore Lane West Babylon, NY 11704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,471.00
3.323	Nonpriority creditor's name and mailing address Luis Rivera 11940 Angle Pond Avenue Windermere, FL 34796 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,070.10
3.324	Nonpriority creditor's name and mailing address Madeline Nelson 45 Monroe Street Northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.16
3.325	Nonpriority creditor's name and mailing address Madeline Smith 217 Pleasant Drive West Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,325.04

Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.326	Nonpriority creditor's name and mailing address MailFinance Inc. 25881 Network Place Chicago, IL 60673-1258 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.42
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3.327	Nonpriority creditor's name and mailing address Mailien L. Neefeldt 12 Sherry Street East Islip, NY 11730 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$904.40
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3.328	Nonpriority creditor's name and mailing address Marcus Tye PO Box 832 East Quogue, NY 11942 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,788.55
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3.329	Nonpriority creditor's name and mailing address Margaret Intreglia 7 Marilyn Court West Babylon, NY 11704 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.42
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3.330	Nonpriority creditor's name and mailing address Mariea Noblitt 801 Kenmore Road Chapel Hill, NC 27514 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.331	Nonpriority creditor's name and mailing address Mariel Stegmeir 245 Edgewood Street Islip Terrace, NY 11752 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,713.00
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3.332	Nonpriority creditor's name and mailing address Marilyn J. Mather 22 Redwood Court Coram, NY 11727 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.55
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.333	Nonpriority creditor's name and mailing address Marilyn Mather 22 Redwood Court Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,979.85
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3.334	Nonpriority creditor's name and mailing address Marilyn Rock 123 Vanderbilt Blvd Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,235.25
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3.335	Nonpriority creditor's name and mailing address Mario Calabrese 135 Cook Road Prospect, CT 06712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.336	Nonpriority creditor's name and mailing address Mark Carattini 32 William Street Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,617.61
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3.337	Nonpriority creditor's name and mailing address Mark D. Schulte 11 West End Avenue Newton, NJ 07860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.338	Nonpriority creditor's name and mailing address Mark Greer PO Box 428 Rocky Point, NY 11778 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,772.80
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3.339	Nonpriority creditor's name and mailing address Markertek Video Supply Attn Ryan Young 1 Tower Drive, PO Box 397 Saugerties, NY 12477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.46
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Debtor	Dowling College		Case number (if known)	16-75545 (REG)
	Name			
3.340	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,060.00
	Marlin Leasing PO Box 13604 Philadelphia, PA 19101-3604	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.341	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,087.85
	Marshall Perry 933 Manor Lane Bay Shore, NY 11706	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.342	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$438.00
	Martha Klotz 60 River Road P.O. Box 550 Great River, NY 11739	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.343	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Martin Schoenhals c/o Laine A. Armstrong Advocates for Justice 225 Broadway, Suite 1902 New York, NY 10007	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.344	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$32,604.44
	Mary Abell 268 Bowery 4th Floor New York, NY 10012	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.345	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,256.65
	Mary Bridgwood 24 Emilie Drive Center Moriches, NY 11934	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.346	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$50.39
	Mary Cappasso 31 Noahs Path Rocky Point, NY 11778	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
	Dowling College		16-75545 (REG)
3.347	Nonpriority creditor's name and mailing address Mary Donoghue 51 Cannon Drive Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,730.70
3.348	Nonpriority creditor's name and mailing address Mary Sullivan 951 Kahle Street Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.29
3.349	Nonpriority creditor's name and mailing address Mary T. Hickey 73 Fraser Avenue Merrick, NY 11566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.350	Nonpriority creditor's name and mailing address Maryann Campagno 107 Guilford Avenue Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,986.83
3.351	Nonpriority creditor's name and mailing address Maryann Stover 264 Candee Avenue Sayville, NY 00117-8200 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,171.85
3.352	Nonpriority creditor's name and mailing address Mastrantonio Caterers Inc. 333 Moffitt Blvd Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$443.60
3.353	Nonpriority creditor's name and mailing address Matthew Whelan 2 Emmet Drive Stony Brook, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.354	Nonpriority creditor's name and mailing address Maureen Earle 506 Lombardy Blvd Brightwaters, NY 11718 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.60
3.355	Nonpriority creditor's name and mailing address McCarney Tours 2858 N. Wading River Road Wading River, NY 11792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,835.00
3.356	Nonpriority creditor's name and mailing address McGraw-Hill School Education Holdings LLC Lockbox 71545 Chicago, IL 60694-1545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,213.00
3.357	Nonpriority creditor's name and mailing address Medco Supply Company PO Box 971543 Dallas, TX 75397 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$715.49
3.358	Nonpriority creditor's name and mailing address Meister Seelig & Fein LLP 125 Park Ave 7th Floor New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,298.75
3.359	Nonpriority creditor's name and mailing address Melissa Tillman 1859 Leonard Lane Merrick, NY 11566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.360	Nonpriority creditor's name and mailing address Melody L. Cope 21 Chateau Drive Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,794.18

Debtor	Name	Case number (if known)	16-75545 (REG)
3.361	Nonpriority creditor's name and mailing address Mergent, Inc. PO Box 741892 Atlanta, GA 30384-1892 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$719.00
3.362	Nonpriority creditor's name and mailing address Meron Lindenfeld 5 Fairlee Drive East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,547.85
3.363	Nonpriority creditor's name and mailing address Metromedia Technologies, Inc. PO Box 28350 New York, NY 10087-8350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,540.00
3.364	Nonpriority creditor's name and mailing address Michael Aloï 142 McConnell Avenue Bayport, NY 11705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,312.85
3.365	Nonpriority creditor's name and mailing address Michael Anthony Cafaro 1174 Old Coats Road Lillington, NC 27546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.366	Nonpriority creditor's name and mailing address Michael Beck 44 Ocean Avenue Blue Point, NY 11715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,751.72
3.367	Nonpriority creditor's name and mailing address Michael Delia 129 Michaels Lane Wading River, NY 11792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206.05

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3.368	Nonpriority creditor's name and mailing address Michael Herold 5 Tower Lane Levittown, NY 11756 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.01
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3.369	Nonpriority creditor's name and mailing address Michael J. Chebetar PO Box 242 Cross River, NY 10518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.80
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3.370	Nonpriority creditor's name and mailing address Michael Klotz 60 River Road P.O. Box 550 Great River, NY 11739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.22
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3.371	Nonpriority creditor's name and mailing address Michael Lettieri 15 The Lane Bayport, NY 11705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.02
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3.372	Nonpriority creditor's name and mailing address Michael P. Zingaro 35 Summit Road Sparta, NJ 07871-1410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
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3.373	Nonpriority creditor's name and mailing address Michael Pinto 8 Elberta Drive East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.75
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3.374	Nonpriority creditor's name and mailing address Michael Sakuma 515 High Street Apt. 16 Prt Jefferson, NY 11777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,497.05
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3.375	Nonpriority creditor's name and mailing address Michael Stattery 438 Lake Avenue S Nesconset, NY 11767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,257.16
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3.376	Nonpriority creditor's name and mailing address Michelle McKenna 3 Cheryl Lane North Babylon, NY 11703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,276.14
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3.377	Nonpriority creditor's name and mailing address Middle States Commission 3624 Market Street Philadelphia, PA 19104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,802.14
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3.378	Nonpriority creditor's name and mailing address Mike Caldarella 108 Kemah-Mecca Lake Road Newton, NJ 07860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.379	Nonpriority creditor's name and mailing address Mike Covello 110 Merkel Drive Bloomfield, NJ 07003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.380	Nonpriority creditor's name and mailing address Monique Davis 1705 Avalon Pines Drive Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.63
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3.381	Nonpriority creditor's name and mailing address Moody's Investors Service, Inc. 7 World Trade Center 250 Greenwich Street New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,250.00
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3.382	Nonpriority creditor's name and mailing address Moussa Keita 16 Palm Street Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.383	Nonpriority creditor's name and mailing address Mr. Sign 1565 Sycamore Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.00
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3.384	Nonpriority creditor's name and mailing address MWDD 5908 Featherlight Place Santa Rosa, CA 95409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.00
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3.385	Nonpriority creditor's name and mailing address NA Publishing, Inc. Department 771752 PO Box 77000 Detroit, MI 48277-1752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.53
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3.386	Nonpriority creditor's name and mailing address NACAC 1050 N Highland Street Suite 400 Arlington, VA 22201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.00
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3.387	Nonpriority creditor's name and mailing address NACUBO 1110 Vermont Ave NW Suite 800 Washington, DC 20005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,676.00
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3.388	Nonpriority creditor's name and mailing address Nana Sarfo Appiah 2350 Webster Avenue Apt. 3F Bronx, NY 10458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.389	Nonpriority creditor's name and mailing address Nancy Carroll 3223 Wilshire Lane Apt. E23 Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,175.50
3.390	Nonpriority creditor's name and mailing address Nancy Jones 14 Mount Marcy Avenue Farmingville, NY 11738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,471.02
3.391	Nonpriority creditor's name and mailing address Nassau County Library K. Ray, Locust Valley Library 170 Buckram Rd Locust Valley, NY 11560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.45
3.392	Nonpriority creditor's name and mailing address Natalie L. Vandorn 28 Charles Road East Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,332.36
3.393	Nonpriority creditor's name and mailing address Nathalia Rogers 60 Harned Drive Centerport, NY 11721 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,394.50
3.394	Nonpriority creditor's name and mailing address National Center for Drug Free Sport 2537 Madison Avenue Kansas City, MO 64108-2334 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,330.00
3.395	Nonpriority creditor's name and mailing address National Grid PO Box 11791 NEWARK, NJ 07101-4791 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,830.04

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3.396	Nonpriority creditor's name and mailing address Neopost P.O. Box 30193 Tampa, FL 33630-3193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,777.35
3.397	Nonpriority creditor's name and mailing address Network Craze Technologies 7037 Fly Road E. Syracuse, NY 13057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,995.00
3.398	Nonpriority creditor's name and mailing address New York Times PO Box 371456 Pittsburgh, PA 15250-7456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
3.399	Nonpriority creditor's name and mailing address Newsday PO Box 3002 Boston, MA 02241-3002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.400	Nonpriority creditor's name and mailing address Nicholas Mauro 39 Glen View Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,148.84
3.401	Nonpriority creditor's name and mailing address Nicole Cuccurullo 7 Gorham Lane Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,834.00
3.402	Nonpriority creditor's name and mailing address Noreen Urso 52 Greenwich Hills Drive Greenwich, CT 06831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.25

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3.403 Nonpriority creditor's name and mailing address NRCCUA PO Box 414378 Kansas City, MO 64141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,860.00
3.404 Nonpriority creditor's name and mailing address NY Party Works Inc. 45 W Jeffryn Blvd Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,180.00
3.405 Nonpriority creditor's name and mailing address NYS Dep't of Enviromental Conservation Div of Env Remediation/Tech Supp 11th Fl 625 Broadway Albany, NY 12233-7020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.10
3.406 Nonpriority creditor's name and mailing address NYS HESC TAP 99 Washington Avenue 14th Fl Refund Dept Albany, NY 12255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.50
3.407 Nonpriority creditor's name and mailing address NYSATYC Inc Wilbert Donnay, Accting Dept, F530J Borough Of Manhattan Comm College New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.408 Nonpriority creditor's name and mailing address NYSFAAA Bank Street College of Education 610 West 112th Street New York, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.00
3.409 Nonpriority creditor's name and mailing address NYSUT New York State United Teachers 150 Motor Parkway, Suite 306 Sean Callahan, Esq. Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.410	Nonpriority creditor's name and mailing address Oak Hall Industries, L.P. 840 Union Street, PO Box 1078 Salem, VA 24153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$19,739.95
3.411	Nonpriority creditor's name and mailing address OCLC 4425 Solutions Center Chicago, IL 60677-4004 Date(s) debt was incurred ____ Last 4 digits of account number <u>4425</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$2,999.58
3.412	Nonpriority creditor's name and mailing address Olena Huffmire 366 Collington Drive Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$421.00
3.413	Nonpriority creditor's name and mailing address Open Access Plus Medical Benefits c/o Cigna Health & Life Insurance Co. 900 Cottage Grove Road, B6LPA Hartford, CT 06152 Date(s) debt was incurred <u>through 6/3/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.414	Nonpriority creditor's name and mailing address Optel Business Communications PO Box 180 Nesconset, NY 11767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$6,650.00
3.415	Nonpriority creditor's name and mailing address P & M Doors 10 Ocean Avenue Copiapue, NY 11726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$11,348.84
3.416	Nonpriority creditor's name and mailing address Paraco Gas 2510 Route 44 Salt Point, NY 12578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$469.34

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3.417	Nonpriority creditor's name and mailing address Pasco Scientific 10101 Foothills Blvd PO Box 619011 Roseville, CA 95678-9011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$667.00
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3.418	Nonpriority creditor's name and mailing address Patricia Albano 9 Hopes Avenue Holtsville, NY 11742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.38
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3.419	Nonpriority creditor's name and mailing address Patricia Hubbard 214 Huron Street Apt. #3R Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.00
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3.420	Nonpriority creditor's name and mailing address Patrick Johnson 5 Green Knoll Court Northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,173.85
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3.421	Nonpriority creditor's name and mailing address Patti Zerafa 11 Milan Street East Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,335.40
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3.422	Nonpriority creditor's name and mailing address Paul Abramson 6 Winside Lane Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,914.12
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3.423	Nonpriority creditor's name and mailing address Peterson's Nelnet LLC PO BOX 30216 OMAHA, NE 68103-1316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,495.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.424	Nonpriority creditor's name and mailing address Pine Bush Central School Route 302 PO Box 670 Pine Bush, NY 12566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.425	Nonpriority creditor's name and mailing address Pine Hills Country Club 2 Country Club Drive Manorville, NY 11949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,650.00
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3.426	Nonpriority creditor's name and mailing address Port Jefferson Sporting 1395 Rte 112 Port Jefferson Station, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,017.38
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3.427	Nonpriority creditor's name and mailing address Precision Designs Architecture 52 Commerce Drive East Farmingdale, NY 11735-1206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,287.40
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3.428	Nonpriority creditor's name and mailing address Premier Display Inc. 2979 Judith Drive Bellmore, NY 11710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,350.00
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3.429	Nonpriority creditor's name and mailing address Pride Equipment Corporation 150 Nassau Avenue Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.00
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3.430	Nonpriority creditor's name and mailing address Professional Carpet System 73 Argyle Avenue Selden, NY 11784 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,560.00
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Debtor Name	Case number (if known)	
Dowling College	16-75545 (REG)	
3.431 Nonpriority creditor's name and mailing address ProQuest LLC 789 E Eisenhower Pky PO Box 1346 Ann Arbor, MI 48106-1346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,057.00
3.432 Nonpriority creditor's name and mailing address PSEG Long Island P.O.Box 9050 Hicksville, NY 11802 Date(s) debt was incurred ____ Last 4 digits of account number 9091	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.78
3.433 Nonpriority creditor's name and mailing address PSEGLI PO BOX 888 HICKSVILLE, NY 11802-0888 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154,731.56
3.434 Nonpriority creditor's name and mailing address Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,348.82
3.435 Nonpriority creditor's name and mailing address Ralph Ruggiero 37 Connetquot Drive Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$341.38
3.436 Nonpriority creditor's name and mailing address Rebecca DeLorfano 41 Glenwood Place Farmingville, NY 11738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,101.35
3.437 Nonpriority creditor's name and mailing address Reinaldo Blanco 49 Teaneck Drive East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,962.82

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.438	Nonpriority creditor's name and mailing address Rhoda Miller PO Box 58 Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,915.66
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3.439	Nonpriority creditor's name and mailing address Richard Wilkens 7 Fairfield Manor Drive Manorville, NY 11949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,896.40
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3.440	Nonpriority creditor's name and mailing address Richard Wolff 90 Elsmere Avenue Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,357.30
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3.441	Nonpriority creditor's name and mailing address Richard Wright 67-50 164th Street Flushing, NY 11365 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.442	Nonpriority creditor's name and mailing address Robert Berchman 13 Blowing Fresh Drive Salem, SC 29676 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,562.16
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3.443	Nonpriority creditor's name and mailing address Robert Campbell 265 Cedar Avenue Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,712.13
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3.444	Nonpriority creditor's name and mailing address Robert Dougherty 122 Norwalk Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$734.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.445	Nonpriority creditor's name and mailing address Robert George Elkins 139 Richmond Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,176.90
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3.446	Nonpriority creditor's name and mailing address Robert Gross 1 Woodstone Court South Huntington, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.26
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3.447	Nonpriority creditor's name and mailing address Robert Kersch 5 Leaside Drive Great River, NY 11739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.54
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3.448	Nonpriority creditor's name and mailing address Robert Kopelman 12 Alice Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.68
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3.449	Nonpriority creditor's name and mailing address Robert Landhauser 12 Duffin Avenue West Islip, NY 11795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$766.74
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3.450	Nonpriority creditor's name and mailing address Robert Manley 151 Lake Drive S. West Islip, NY 11795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,468.70
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3.451	Nonpriority creditor's name and mailing address Robert Moccia 208-04 Robert Road Bayside, NY 11360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.452	Nonpriority creditor's name and mailing address Robert Tota 2868 Lindale Street Wantagh, NY 11793 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.74
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3.453	Nonpriority creditor's name and mailing address Robin Maynard 212 N Prospect Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.454	Nonpriority creditor's name and mailing address Rogers & Taylor Appraise 300 Wheeler Road Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
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3.455	Nonpriority creditor's name and mailing address Romanelli & Son, Inc 94 East Hoffman Avenue Lindenhurst, NY 11757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,508.72
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3.456	Nonpriority creditor's name and mailing address Ronald Rosso 17 Anderano Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,883.85
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3.457	Nonpriority creditor's name and mailing address Ronald Vargas 24 James Junior Avenue Danielsom, CT 06239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.458	Nonpriority creditor's name and mailing address Roxann Hristovsky PO Box 748 Wading River, NY 11792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214.64
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.459	Nonpriority creditor's name and mailing address Royal Star Associates Inc 1124 Cassel Avenue Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,362.50
3.460	Nonpriority creditor's name and mailing address Rubenstein Associates, Inc. Worldwide Plaza 825 Eighth Avenue New York, NY 10019-7416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,216.57
3.461	Nonpriority creditor's name and mailing address Russell Huber 46 Peach Tree Lane Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.462	Nonpriority creditor's name and mailing address S. Bleiberg-Seperson 17 Meleny Road Locust Valley, NY 11560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,044.20
3.463	Nonpriority creditor's name and mailing address Safeway Fire and Protection Co. 35 N Tyson Avenue Floral Park, NY 11001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
3.464	Nonpriority creditor's name and mailing address Sandra Loughran 7 Fifth Avenue Northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,239.80
3.465	Nonpriority creditor's name and mailing address Sani-Lav Inc. 805 Karshick Street Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,140.00

Debtor Name	Case number (if known)	
Dowling College	16-75545 (REG)	
3.466 Nonpriority creditor's name and mailing address Sanitech Services, Inc 110 Lake Ave South Suite 40 Nesconset, NY 11767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,425.00
3.467 Nonpriority creditor's name and mailing address SANS Technology, Inc. c/o William Wexler, Esq. 816 Deer Park Avenue North Babylon, NY 11703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.468 Nonpriority creditor's name and mailing address School Counselors of Roc PO Box 144 Suffern, NY 10901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.469 Nonpriority creditor's name and mailing address School Guide Publication 606 Halstead Avenue Mamaroneck, NY 10543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,900.00
3.470 Nonpriority creditor's name and mailing address School Health Corp. 6764 Eagle Way Chicago, IL 60678 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401.10
3.471 Nonpriority creditor's name and mailing address SCOPE Publications Order Department 100 Lawrence Avenue Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,980.00
3.472 Nonpriority creditor's name and mailing address Scott J. Passanesi 4015 Muddy Creek Road Virginia Beach, VA 23457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.473	Nonpriority creditor's name and mailing address Scott Makosiej 2519 27th Street Apt.5C Astoria, NY 11102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.474	Nonpriority creditor's name and mailing address SCPOES Pipe Band PO Box 1116 Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.475	Nonpriority creditor's name and mailing address SCWA PO Box 3147 Hicksville, NY 11802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.57
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3.476	Nonpriority creditor's name and mailing address Sean Lyons 74 Brand Drive Huntington, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,176.00
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3.477	Nonpriority creditor's name and mailing address Select Office Systems Inc. PO Box 11777 Burbank, CA 91510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$517.92
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3.478	Nonpriority creditor's name and mailing address Servpro of Greater Smith 620 Johnson Avenue Suite 8 Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,768.89
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3.479	Nonpriority creditor's name and mailing address Sayed Raji 24 Pleasant Lane Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,200.58
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Debtor Name	Case number (if known)	
Dowling College	16-75545 (REG)	
3.480 Nonpriority creditor's name and mailing address Sharon Dinapoli 589 Pulaski Road Kings Park, NY 11754 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,179.39
3.481 Nonpriority creditor's name and mailing address Sheryl Johnson 23 Gilbert Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$833.40
3.482 Nonpriority creditor's name and mailing address SHI Corp PO Box 952121 Dallas, TX 75395-2121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,488.00
3.483 Nonpriority creditor's name and mailing address Shred-it Long Island P.O. Box 13574 New York, NY 10087-3574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,138.64
3.484 Nonpriority creditor's name and mailing address Sidearm Sports, LLC PO BOX 843038 Kansas City, MO 64184-3038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,027.00
3.485 Nonpriority creditor's name and mailing address Sigma-Aldrich PO Box 535182 Atlanta, GA 30353-5182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$930.75
3.486 Nonpriority creditor's name and mailing address Skyrush Marketing P.O Box 354 Yapank, NY 11980 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,899.01

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.487	Nonpriority creditor's name and mailing address Smart Power Inc. 829 Lincoln Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.14
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3.488	Nonpriority creditor's name and mailing address Southern New Hampshire University Attn: Ray Prouty 2500 N. River Road Manchester, NH 03106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
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3.489	Nonpriority creditor's name and mailing address Spencer Robison 20 Oak Hill Avenue Norwalk, CT 06854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.490	Nonpriority creditor's name and mailing address St. Anthony's High School Mrs. Kim Hearney, Director of College Co 275 Wolf Hill Road South Huntington, NY 11747-1394 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.491	Nonpriority creditor's name and mailing address St. John the Baptist Diocesan HS 1170 Montauk Hwy West Islip, NY 11795-4959 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,880.00
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3.492	Nonpriority creditor's name and mailing address St. Johns University Bernadette Lavin-MacDonald Ctr 8000 Utopia Pkwy Jamaica, NY 11439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,500.00
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3.493	Nonpriority creditor's name and mailing address St. Joseph's College 155 W Roe Blvd. Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.494	Nonpriority creditor's name and mailing address Statewide Roofing Inc. 2120 Fifth Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,123.61
3.495	Nonpriority creditor's name and mailing address Stephanie Tatum 4 McFarland Avenue Central Islip, NY 11722 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,903.20
3.496	Nonpriority creditor's name and mailing address Stephen Angelella 2788 Marion Street Bellmore, NY 11710 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$473.16
3.497	Nonpriority creditor's name and mailing address Stephen Lamia 269 W 72nd Street Apt. 6C New York, NY 10023 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,640.95
3.498	Nonpriority creditor's name and mailing address Steven Murray 34 Lakewood Road Lake Ronkonkoma, NY 11779 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.34
3.499	Nonpriority creditor's name and mailing address Steven R. Stecher 225 Hillside Avenue Livingston, NJ 07039 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.500	Nonpriority creditor's name and mailing address Steven Tellerias 448 Ocean Avenue Central Islip, NY 11722-1828 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.00

Debtor	Name	Case number (if known)	
	Dowling College	16-75545 (REG)	
3.501	Nonpriority creditor's name and mailing address Storr Tractor Company 175 13th Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.98
3.502	Nonpriority creditor's name and mailing address Strategic Value Media 8700 Indian Creek Parkway Suite 300 Ovelook Park, KS 66210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
3.503	Nonpriority creditor's name and mailing address Suffolk County Locksmith 944 Montauk Hwy Suite C Shirley, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.55
3.504	Nonpriority creditor's name and mailing address Suffolk County News PO Box 782 Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.00
3.505	Nonpriority creditor's name and mailing address Suffolk Zone N.Y.S.A.H.P %Joanne Hamilton,Suffolk Zone 7 Glen Hollow Drive, Apt B33 Holtsville, NY 11742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.506	Nonpriority creditor's name and mailing address Superior Office Systems 49 West 37th Street 3rd Floor New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,425.98
3.507	Nonpriority creditor's name and mailing address Susan Carter 131 N Country Road Miller Place, NY 11764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,453.85

Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.508	Nonpriority creditor's name and mailing address Susan Voorhees 43 Bayway Avenue Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,772.10
3.509	Nonpriority creditor's name and mailing address Susan Wendy Fox 32 Caleb Brewster Road East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.71
3.510	Nonpriority creditor's name and mailing address Suzanne Fregosi 572 Laurelton Blvd. Long Beach, NY 11561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,056.00
3.511	Nonpriority creditor's name and mailing address Symplicity Corporation 17890 W Dixie Hwy Suite 606 North Miami, FL 33160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,675.00
3.512	Nonpriority creditor's name and mailing address The Allen J Flood Company Two Madison Avenue Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195,944.00
3.513	Nonpriority creditor's name and mailing address Theresa Domenichello 22 Canterbury Drive Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,951.80
3.514	Nonpriority creditor's name and mailing address Theresa Talmage 83 East Moriches Blvd Eastport, NY 11941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,479.94

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.515	Nonpriority creditor's name and mailing address Thomas Caputo 20 Heidi Court Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,634.37
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3.516	Nonpriority creditor's name and mailing address Thomas Daly 115 Roxbury Road Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,445.73
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3.517	Nonpriority creditor's name and mailing address Thomas Kelly 5960 Amherst Drive Apt. B 101 Naples, FL 34112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,330.48
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3.518	Nonpriority creditor's name and mailing address Thomas Scientific 3501 Market Street Philadelphia, PA 19104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.83
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3.519	Nonpriority creditor's name and mailing address Thomson Reuters-West Payment Center P.O Box 6292 Carol Stream, IL 60197-6292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.24
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3.520	Nonpriority creditor's name and mailing address Timothy Boyle 208 Oak Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,274.78
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3.521	Nonpriority creditor's name and mailing address Timothy Kelly 36 Dale Drive Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,438.95
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Debtor	Dowling College		Case number (if known)	16-75545 (REG)
	Name			
3.522	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,883.68
	Todd Rooney 51 Oakdale Avenue Selden, NY 11784	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>compensation</u>		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.523	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$37.25
	Total Funds by Hasler PO Box 30193 Tampa, FL 33630	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.524	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$340.00
	Tracy J. DiMarco 426 Wading River Manorville, NY 11949	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.525	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$987.00
	Trade Industry Network 163 Sterling Road Toronto, 0	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.526	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$322.89
	Travis Evans 518 W. 111th Street New York, NY 10025	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.527	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,543.05
	Troy Bohlander Residence Life - Oakdale 150 Idle Hour Blvd. Oakdale, NY 11769	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.528	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	U.S. Department of Education Financial Square 32 Old Slip, 25th Floor New York, NY 10005	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>Title IV Funds</u>		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.529	Nonpriority creditor's name and mailing address UMB Bank, N.A. Corporate Trust Services 120 Sixth Street, Suite 1400 Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>fees charged to the Debtors account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,946.50
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3.530	Nonpriority creditor's name and mailing address Union Leasing Inc. 425 North Martingdale Road 6th Floor Schaumburg, IL 60173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,197.00
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3.531	Nonpriority creditor's name and mailing address Universal Temperature Co. 1749 Julia Goldbach Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,780.00
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3.532	Nonpriority creditor's name and mailing address University of Bridgeport Women's Soccer 120 Waldmere Avenue Bridgeport, CT 06601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.533	Nonpriority creditor's name and mailing address University of New Haven Charger Gymnasium 300 Boston Post Road West Haven, CT 06516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.534	Nonpriority creditor's name and mailing address University of Wisconsin Lunar School of Business ATTN Andrea Zw PO BOX 742 Milwaukee, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.00
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3.535	Nonpriority creditor's name and mailing address Univest 3331 Street Road Suite 325 Bensalem, PA 19020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.536	Nonpriority creditor's name and mailing address Utility Detection, Inc. PO Box 223 Milford, PA 18337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.537	Nonpriority creditor's name and mailing address Valero PO Box 300 Amarillo, TX 79105-0300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,249.46
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3.538	Nonpriority creditor's name and mailing address Value Line Publishing LLC 485 Lexington Avenue 9th Floor New York, NY 10017-2630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,950.00
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3.539	Nonpriority creditor's name and mailing address Verizon P.O. Box 15124 Albany, NY 12212-5124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577.98
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3.540	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 15023 Worcester, MA 01615-0023 Date(s) debt was incurred ____ Last 4 digits of account number <u>4179</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,328.94
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3.541	Nonpriority creditor's name and mailing address Verona Safety Supply Inc. 913 Watson Avenue Madison, WI 53713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$685.40
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3.542	Nonpriority creditor's name and mailing address Victoria Herrmann 118 Easy Street West Sayville, NY 11796 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.61
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.543	Nonpriority creditor's name and mailing address Waldo 118 North Bedford Road Suite 201 Mt. Kisco, NY 10549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,062.25
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3.544	Nonpriority creditor's name and mailing address Walter Benka 166-69 20th Avenue Whitestone, NY 11357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,049.00
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3.545	Nonpriority creditor's name and mailing address WB Mason Co Inc. PO Box 981101 Boston, MA 02298-1101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,473.84
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3.546	Nonpriority creditor's name and mailing address We Drive You, Inc 700 Airport Blvd Suite 250 Burlingame, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83,071.63
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3.547	Nonpriority creditor's name and mailing address Wendy Ehrensberger (Deceased) 18 Sheldon Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,629.15
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3.548	Nonpriority creditor's name and mailing address West Group Payment Center P.O. Box 6292 Carol Stream, IL 60197-6292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.00
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3.549	Nonpriority creditor's name and mailing address Western Suffolk Counselors 595 NY-25A # 18 Miller Place, NY 11764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.550	Nonpriority creditor's name and mailing address Whitney Stark 1250 Baldwin Road Yorktown Heights, NY 10598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274.25
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3.551	Nonpriority creditor's name and mailing address William Indick 125 Maple Street Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,536.80
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3.552	Nonpriority creditor's name and mailing address William Schmoegner 5 Paddock Road East Lyme, CT 06333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.553	Nonpriority creditor's name and mailing address William Stanley 19 Meadow Street Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,464.73
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3.554	Nonpriority creditor's name and mailing address Wilmington Trust, National Association Corporate Trust Services 25 South Charles Street, 11th Floor Baltimore, MD 21201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>fees charged to the Debtors</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
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3.555	Nonpriority creditor's name and mailing address WSCA Spring Conference 595 Rte 25A Suite 18 Miller Place, NY 11764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.556	Nonpriority creditor's name and mailing address Xerox Education Services PO Box 201322 Dallas, TX 75320-1322 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,347.78
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.557	Nonpriority creditor's name and mailing address Xerox Financial Services P.O. Box3147 Hicksville, NY 11802-3147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,355.35
3.558	Nonpriority creditor's name and mailing address Yair Cohen 80-62 188th Street Hollis, NY 11423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.559	Nonpriority creditor's name and mailing address Yanek Mieczkowski 836 Walnut Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,306.70
3.560	Nonpriority creditor's name and mailing address Yenko Inc. 150 Grant Street 2nd Floor Brooklyn, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
3.561	Nonpriority creditor's name and mailing address Yousuf Khan Aslam 138 Princess Street Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649.40
3.562	Nonpriority creditor's name and mailing address Zeklers Inc. 1061 N.Shepard Street Suite L Anaheim, CA 92806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$784.50

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	American Express 200 Vesey Street New York, NY 10285	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor Dowling College Name		Case number (if known) 16-75545 (REG)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.2	Archer, Byington, Glennon & Levine LLP James W. Versocki One Huntington Quadrangle, Suite 4C10 PO Box 9064 Melville, NY 11747	Line <u>3.214</u> <input type="checkbox"/> Not listed. Explain _____
4.3	Archer, Byington, Glennon & Levine LLP One Huntington Quadrangle, Suite 4C10 PO Box 9064 James W. Versocki Melville, NY 11747	Line <u>3.221</u> <input type="checkbox"/> Not listed. Explain _____
4.4	Blackboard Inc. 1111 19th Street, NW Washington, DC 20036	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____
4.5	Bruce Leder, Esq. 1700 Galloping Hill Road Kenilworth, NJ 07033	Line <u>3.313</u> <input type="checkbox"/> Not listed. Explain _____
4.6	Capital One NA 313 Carondelet Street New Orleans, LA 70130	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____
4.7	Carrier Commercial Service 4110 Butler Pike Plymouth Meeting, PA 19462	Line <u>3.79</u> <input type="checkbox"/> Not listed. Explain _____
4.8	Chase Weiss & Kehoe LLC Matthew J. Weiss 190 Monroe Street, Suite 203 Hackensack, NJ 07601	Line <u>3.190</u> <input type="checkbox"/> Not listed. Explain _____
4.9	Department of Veteran Affairs PO Box 4616 Kim Wagner Buffalo, NY 14240	Line <u>3.131</u> <input type="checkbox"/> Not listed. Explain _____
4.10	IUOE Local 30 16-16 Whitestone Expressway Robert V. Wilson, Business Representative Whitestone, NY 11357	Line <u>3.221</u> <input type="checkbox"/> Not listed. Explain _____
4.11	John G. Trotta 13 Brand Street Hastings on Hudson, NY 10706	Line <u>3.251</u> <input type="checkbox"/> Not listed. Explain _____
4.12	Joint Board of Trustees of Local 153 265 West 14th Street New York, NY 10011	Line <u>3.313</u> <input type="checkbox"/> Not listed. Explain _____
4.13	Law Office of Amos Weinberg 49 Somerset Dr. S Great Neck, NY 11020	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____

Debtor	Name	Case number (if known)	16-75545 (REG)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.14	National Labor Relations Board Region 29 Two Metro-Tech Center, 5th Floor Matthew A. Jackson Brooklyn, NY 11201	Line <u>3.221</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	PSEGLI 175 E. Old Country Road Hicksville, NY 11801	Line <u>3.433</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	Rubin & Rothman, LLC 1787 Veterans Highway, Suite 32 PO Box 9003 Islandia, NY 11749	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	U.S. Department of Labor Employee Benefits Security Administration 33 Whitehall Street, Suite 1200 Matt Mandredi New York, NY 10004	Line <u>2.8</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	UMB Bank, N.A. PO Box 414589 Kansas City, MO 64141	Line <u>3.529</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	United States Attorney's Office, EDNY 610 Federal Plaza James H. Knapp, Assistant U.S. Attorney Central Islip, NY 11722	Line <u>3.528</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	Wilmington Trust, National Association Attn: Fee Processing Unit PO Box 22900 Rochester, NY 14692	Line <u>3.554</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>162,431.95</u>
5b. +	\$ <u>4,368,896.53</u>
5c.	\$ <u>4,531,328.48</u>

Exhibit B

In re Dowling College, Case No. 16-75545 – Updated Addresses

Arnold Saunders
219 Lawrence Avenue
Inwood, NY 11096

Carlos Alvarez
6A Kings Court
Valley Cottage, NY 10989

Casa Del Campo
1159 Deer Park Avenue
North Babylon, NY 11703

David J. Jensen
7 Game Court
East Setauket, NY 11733

Gregory Quirolo
358 Washington Avenue
Pelham, NY 10803

Hector M. Martinez Jr.
54 Claude Avenue
Denville, NJ 07834

Joe Silvent
PO Box 489
Effort, PA 18330

John G. Trotta
13 Brand Street
Hastings on Hudson, NY 10706

John Tuttle
11 Jervis Avenue
Farmingdale, NY 11735

Jose F. Talavera
110 Pine Street
Deer Park, NY 11729

Joseph Manzione
31-14 23 Road #13
Astoria, NY 11105

Mary Cappasso
31 Noahs Path
Rocky Point, NY 11778

Robert Gross
1 Woodstone Court
South Huntington, NY 11746

Robert Moccia
208-04 Robert Road
Bayside, NY 11360

Steven Murray
34 Lakewood Road
Lake Ronkonkoma, NY 11779

Susan Wendy Fox
32 Caleb Brewster Road
East Setauket, NY 11733